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OUR NATION'S ELDERLY: HIDDEN VICTIMS OF THE DRUG WAR?

HEARING

BEFORE THE

SPECIAL COMMITTEE ON AGING
UNITED STATES SENATE

ONE HUNDRED FIRST CONGRESS

FIRST SESSION

WASHINGTON, DC

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OUR NATION'S ELDERLY: HIDDEN VICTIMS OF THE DRUG WAR?

WEDNESDAY, NOVEMBER 15, 1989

U.S. SENATE,
SPECIAL COMMITTEE ON AGING,
Washington, DC.

The committee met, pursuant to notice, at 1:30 p.m., in room 628, Dirksen Senate Office Building, Honorable David Pryor (chairman of the committee) presiding.

Present: Senators Pryor, Heinz, Kassebaum, Pressler, Graham, and Warner.

Staff present: Portia P. Mittleman, Staff Director; Christopher J. Jennings, Deputy Staff Director; Bill Benson, Chief of Health and Housing Policy; Holly Bode, Professional Staff; Jeffrey R. Lewis, Minority Staff Director; Isabelle Claxton, Minority Director of Communications; and Dan Tuite, Printer.

OPENING STATEMENT BY SENATOR PRYOR

The CHAIRMAN. Good afternoon, ladies and gentlemen. On behalf of my colleagues on the Special Committee on Aging, I would like to welcome each of you this afternoon to this hearing on the impact of the drug crisis on our Nation's elderly. Until recently, it seems that only the elderly victims themselves knew that they had not escaped the scourge of this crisis.

This issue is one of great importance to me, of great importance to this Committee, and to our constituency. I had planned in August to convene a hearing in Little Rock for the Federal Services Subcommittee of the Governmental Affairs Committee, which I chair, to examine the State and local response to the drug problem in our State.

Senate business at that time forced us to postpone this hearing. The interest and concern about the issue throughout our State and throughout the United States is overwhelming.

Today we will hear from witnesses who will relay stories of older people who are virtual prisoners in their own homes and apartments because of the drug trafficking that is taking place in the halls and sidewalks and the parking lots. In some neighborhoods, with gunshots ringing at all hours of the day and night, older people are actually afraid that they will be caught in the cross-fire.

Just recently, I heard a story of an elderly gentleman in Milwaukee who, in his attempt to break up a fight over a drug deal, was shot and killed.

Crime is not the only way that older people are victimized by the drug crisis. Others have their homes taken over by drug-addicted

or drug-dealing children or grandchildren and their friends. They see family members using their Social Security and pension checks, or carefully tended savings accounts to buy drugs.

It has reached the point today where an elderly woman here in the District of Columbia decided to sleep with her money in an attempt to prevent her drug-addicted grandson from stealing it. Unfortunately, that was not enough to deter him. One night, he simply walked into her room, pushed her out of the bed, and stole her life savings.

Even worse than this, many elderly people are physically abused. One of our witnesses today, the Honorable District Attorney Elizabeth Holtzman of Brooklyn, was quoted in a recent Washington Post article stated that her office has seen a 400 percent increase in the number of cases in which older people were physically abused by children and grandchildren who are involved with drugs.

Today's witnesses come from all across our country, further proof that the drug crisis is not confined just to Washington, New York, or Chicago.

The drug problem is a crisis with an enormous impact on the elderly, in cities such as Richmond, Wichita, Portland, Cleveland, Milwaukee—just to name a few. In fact, we will hear today from someone from North Little Rock, AR, who will tell about the problems in that city.

There are other reasons behind the growing victimization of the elderly by the drug crisis besides an increase in the use of drugs. Federal support of housing has declined by some 70 percent since the beginning of this decade. Declining funds for supportive services such as adult protective services and legal services for the elderly can mean reduced access to services that are needed more desperately than ever.

Budget making in a time of huge Federal deficits means that funds from various drug-related activities, such as education, treatment, prevention, enhanced police protection at the local level, will likely do battle with funds for other social and needed services.

Ending drug abuse is clearly one of this Nation's top priorities and we are spending hundreds of millions of dollars to achieve that goal. As we begin to make the decisions as to where this arsenal for the war on drugs is best directed, we must ensure that the often hidden victims of drug abuse are not forgotten.

We have an impressive array of witnesses before us today. I want to commend and thank all of them for coming. I hope that this hearing will not only bring this issue to the public's attention but I hope it will help us to identify and promote desperately needed solutions to this particular crisis.

Our first witness is Elizabeth Holtzman. Ms. Holtzman, we welcome you to the hearing today. We thank you and look forward to your statement.

[The prepared statements of Senator Pryor and Senator Bill Bradley follow:]

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United States Senate
SPECIAL COMMITTEE ON AGING
WASHINGTON, DC 20510-6400

OPENING STATEMENT

SENATOR DAVID PRYOR

Chairman, Senate Special Committee on Aging

November 15, 1989, Hearing

OUR NATION'S ELDERLY:
HIDDEN VICTIMS OF THE WAR ON DRUGS?

Good morning. On behalf of my colleagues on the Special Committee on Aging, I would like to welcome everyone to this morning's hearing on the impact of the drug crisis on our nation's elderly. Most everyone knows the impact of drugs on the young people of this country -- babies born addicted to crack, young children neglected and abused, and record-breaking numbers of people, mostly young black men, murdered and assaulted. It was not until recently that the Aging Committee learned of the extent of the devastating effects of drug abuse on the elderly.

This issue is one of great importance to me. Last month, I planned to convene a hearing of the Governmental Affairs Subcommittee on Federal Services, Post Office, and Civil Service in Little Rock to examine the state and local responses to the drug problem in Arkansas. While Senate business forced us to postpone it, the interest in and concern about all aspects of this issue throughout Arkansas and the U.S. is overwhelming.

Today, we will hear from witnesses who will relay stories of older people who are virtual prisoners in their own homes and apartments because of the drug trafficking taking place in hallways and on the sidewalks. In some neighborhoods, with gunshots ringing out at all hours of the day and night, the danger of being caught in the crossfire is all too real. I heard the story of an elderly man in Milwaukee who, in his attempt to break up a fight over a drug deal, was shot and killed. Although the Bureau of Justice Statistics reports that the elderly in general are less likely than younger persons to be victims of crime, their perception of the vulnerability is often quite different, and the paralyzing fear is very real.

Crime is not the only way older people are victimized by the drug crisis. Others have their homes taken over by drug-addicted or drug-dealing children and grandchildren and their friends. They see family members using their Social Security or pension checks or carefully tended savings accounts to buy drugs. I learned of an elderly woman here in the District who used to sleep with her money so her drug-addicted grandson could not steal it. Unfortunately, that was not enough to deter him. One night, he simply walked into her room, pushed her out of bed, and stole her money.

They are threatened -- and sometimes physically abused -- by family members looking for money to support their drug habit. One of our witnesses today, District Attorney Elizabeth Holtzman of Brooklyn, was quoted in a recent Washington Post article stating that her office has seen a 400 percent increase in the number of cases in which older people were physically abused by children and grandchildren looking for crack money. Since cases of elder abuse -- like child abuse -- are extremely under-reported, that figure is even more horrifying.

One of the biggest problems abused elderly face is getting the help that they need. The sense of fear and shame that go hand in hand with abuse and drug addiction work to keep these problems in the dark. In preparing for this hearing, we heard plenty of stories about abuse of the elderly as a result of drugs -- yet it was virtually impossible to find someone willing to make their story public.

Our witnesses today come from across the country. Why? Because, contrary to popular belief, the drug crisis is not confined to cities such as Washington, D.C., New York, and Chicago. My Aging Committee staff took an informal survey of area agencies on aging, adult protective services, public housing authorities and legal programs for the elderly in various cities across the country. Drugs are a problem -- and a problem with an enormous impact on the elderly -- in cities such as Richmond, Virginia; Wichita, Kansas; Portland, Oregon; Cleveland, Ohio and Milwaukee, Wisconsin, to name but a few. In fact, today we will hear from someone from my home state of Arkansas about the seriousness of this problem in North Little Rock.

There are other reasons behind the growing victimization of the elderly by the drug crisis besides an increase in the use of drugs. Federal support of housing has declined by over 70 percent since the beginning of the decade. This means not only a dramatic decline in the construction of new housing, but also a decrease in funds for modernization and rehabilitation of existing housing. There are thousands of uninhabitable vacant units across the country that are open invitations to drug dealers and users to set up shop.

Limited funds for everyday repairs also means that many units are barely inhabitable -- and certainly unsafe. Smashed windows, broken locks, and broken doors do not give tenants -- particularly elderly ones -- a sense of safety and security.

Other budgetary concerns play a role as well. Declining funds for supportive services such as adult protective services and legal services for the elderly, can mean reduced access to services that are needed more desperately than ever. Budget-making in a time of huge federal deficits means that drug education and treatment programs, and enhanced police protection, will likely compete with other, equally important services and programs for scarce dollars.

Ending drug abuse is clearly one of this nation's top priorities, and we are spending millions of dollars to try to achieve that. As we in Congress begin to make the decisions as to where our arsenal for the war on drugs is best directed, we must ensure that the often "hidden" victims of drug abuse are not forgotten.

We have an impressive array of witnesses before us here today, and I want to commend all of you for coming. I hope this hearing will not only bring this issue to the public's attention, but I also hope it will help us identify and promote desperately needed solutions. Thank you.

Bill Bradley

Senator Bill Bradley Statement

Aging Hearing on The Elderly as Victims of the Drug War

November 15, 1989

I would like to thank the Chairman of the Committee for organizing this hearing. I am glad that you convened this hearing to address this very serious problem.

Mr. Chairman, as I am sure you are aware, the drug epidemic in this country has taken many victims. To combat this epidemic, the Senate has made great strides in protecting some of the victims: the crack babies, the teens, and the young pregnant mothers. However, the victims of this "drug war" are not always young. Age is not a criteria for exemption from being victimized in this battle to combat drug abuse. The elderly of this country are the hidden and forgotten victims of the drug epidemic. They are also victimized by the gangs, pushers, and addicts.

The elderly are often overlooked in America's war on drugs. Mr. Chairman, I am sure that you are aware of the financial situation of many of the elderly in this country. Many older Americans who live on fixed incomes must establish residences in low-income neighborhoods and housing, where the drug problem is most rampant. While low-cost housing is their financial refuge, it should not mean jeapordizing their safety. There are reports of elderly adults imprisoned in

their own homes due to the fear of being harassed or physically assaulted by a member of the drug community. Fear of burglary and physical injury in conducting day to day activities are preventing many seniors from leading normal lives.

Mr. Chairman, another disturbing issue to be discussed today concerns the abuses of the elderly within families. Some older Americans are vulnerable to abuse from addicts within their families. Some seniors are left devastated and neglected by their own family members, who will do whatever is necessary for that next high. Unfortunately, in some cases that includes mistreating other family members.

Mr. Chairman, the issues being raised today at this hearing are serious. If we raise public awareness of this issue, we will have accomplished a great first step. But I hope that this first step will not be an end in our attempt to alleviate the pain and anguish of the elderly who so need our help.

STATEMENT OF ELIZABETH HOLTZMAN, KINGS COUNTY DISTRICT ATTORNEY, ACCOMPANIED BY LOIS RAFF, SPECIAL ASSISTANT FOR LEGISLATIVE POLICY

Ms. HOLTZMAN. Thank you very much, Senator Pryor. I want to commend you for your leadership in holding hearings on this crucial subject and also for the graciousness of you and your staff to me and my staff. I would like to introduce Lois Raff, who is a Special Assistant for Legislative Policy.

The CHAIRMAN. We welcome you. I should have mentioned, Ms. Holtzman, that for 8 years you served with great distinction in the House of Representatives. Also I believe you are the City Comptroller Elect for the city of New York. We congratulate you for that. That is no easy challenge.

Ms. HOLTZMAN. Thank you very much, Senator Pryor.

Since I won't be able to conclude my testimony within your time limit, I would appreciate its inclusion in its entirety in the record.

The CHAIRMAN. Your full statement will be placed in the record.

Ms. HOLTZMAN. Thank you very much.

I wish to thank the Senate Special Committee on Aging for inviting me here to discuss the terrible effects that the crack epidemic is having on our Nation's senior citizens. We are here because this is a time of emergency, of crisis. Crack has caused devastation to thousands of elderly people, just as it has destroyed so many other lives, communities and neighborhoods. Like personnel bombs, crack explodes in families, scattering deadly fragments into the bodies of everyone around.

As District Attorney of one of the most populous Boroughs in New York City, I see the effects of crack on our senior citizens every day, in the enormous rise in drug-related violent crimes committed against elderly victims, in the increasing isolation of the frail elderly in dangerous crack-infested neighborhoods, and in the soaring number of grandparents who must raise grandchildren abandoned or abused by their crack-addicted parents.

One of the most serious effects of crack has been the increase in the cases of violence against elderly people by younger members of their family. Even though these cases have not made the front pages, as District Attorney I have had to deal with increasing numbers of cases of intrafamily violence resulting from crack.

I have discovered to my horror that no bond of love, no closeness of relationship, can stand in the way of crack. Hundreds, even thousands, of older New Yorkers are now vulnerable to murder and assault by their children, grandchildren, or even great-grandchildren, desperate for their next fix of crack.

The problem first came to my attention in 1986 when my office handled the case of a young man who had asked his mother to give him money for crack. Like any good, sensible mother, she told him no. Outraged at the rejection, her son tied her to a bed, set the room on fire, barricaded the door to prevent her from escaping, and left her to die.

Fathers, too, are vulnerable. I recall a similar case in which another young man approached his father for money for crack. His father refused, just like any sensible parent would. The son, furi-

ous, attacked with a hammer, bashing his father repeatedly on his head, and fracturing his ribs and arms.

These cases are horrifying. Worse still, the problem is growing, mushrooming just like the crack epidemic.

In 1988, my office handled almost 400 percent more cases of violent attacks on elders than we had in 1986, the year the crack epidemic began in full. We had 371 cases in 1988 compared to 85 cases in 1986. The figures for 1989 are remaining at the same high levels, 272 cases as of October 31, 1989.

These statistics are not just numbers. They reflect brutal attacks on mothers, fathers, grandparents, uncles, and aunts, whose lives have been destroyed by senseless violence. Each case represents a shattered family and a broken relationship of trust.

These numbers are only the tip of the iceberg. Violent attacks represent only one of the many forms elder abuse may take. Elderly people are also subject to financial exploitation, neglect, deprivation of essential services such as food, clothing, and medication, abandonment and psychological abuse, all related to crack.

Even when you consider only violent attacks, the numbers of cases of abuse are significantly understated by the statistics I have given, because the problem is vastly underreported. The response of parents and grandparents who have been attacked is not very different from that of other victims of intrafamily violence.

Like wives who are battered, parents and grandparents are deeply ashamed of the violence visited upon them by their offspring. Often they blame themselves, believing they must be at fault for the battering. Furthermore, you can imagine how hard it is for a parent or grandparent to turn in a child.

Many of the victims do not want to see their children or grandchildren punished, they just want the violence to end. As a result, these crimes frequently won't be reported at all, and when they are reported, it is only when the violence has become very serious, even life-threatening.

There are other reasons that elder abuse may not be reported, such as unawareness of available social services, and the fear of retaliation if they take action against the abuser. Elderly victims may be entirely dependent upon their abusive children or grandchildren for medication, for sustenance and for a place to live. They may be frightened, helpless and vulnerable. They may be afraid that they will be left alone with no one to care for them if they report abuse.

Other elderly victims may have few outside contacts, they may not work, they may not even go outdoors, or see their neighbors. The problem of elder abuse, as you have mentioned, Senator, is not confined to New York, or to cities: it is a national problem.

An estimated 1 million over age 65 are abused, neglected, or exploited each year by family members or caretakers. As our population ages, changing demographics will make victimization of the elderly increase dramatically by the turn of the century.

By the year 2000, 13 percent of Americans will be 65 years or older. The greatest increase will be in those over 75 years of age.

The problem of elder abuse cannot be ignored. Abused elders are in urgent need of help. The abuse must be stopped. The offenders

must be prosecuted or dealt with appropriately, and the victims must get help.

We cannot begin to address the problem of elder abuse until its victims have been identified. First, we must obtain the assistance of the medical community to achieve this result. Since many of the abused elderly are forced to seek medical attention for other injuries, hospital visits may be the only chance for an older victim to get help. Doctors may represent an abused elder's only connection with the outside world.

Training medical personnel is particularly important because the elderly victim may try to explain away injuries caused by abuse—for instance, fractures may be blamed on frail bones broken in falls. Doctors may not imagine that family violence could be the cause of the injuries.

As with cases of child abuse, health professionals must be trained to blend medicine with detective work, looking at x-rays for signs of old injuries and carefully and sensitively questioning the patient about implausible explanations for their injuries.

The elderly, too, must be educated. They must be informed about the kind of help that is available and they must be reassured that if they report their abuse, they will be protected from retaliation. They must also be assured that they will have some other place to turn for food, clothing, shelter, and personal care if they report abuse by family members who care for them.

Doctors, nurses, social workers, and other professionals who come into contact with the elderly must be required to report instances of abuse. All 50 States have a mandatory reporting requirement for child abuse. Only 44 have one for elder abuse. Unfortunately, New York is one of the few States that does not have this requirement. It is joined by Colorado, Illinois, North and South Dakota, and Pennsylvania.

We have introduced into the State legislature legislation to mandate such reporting in New York but it has not yet been adopted. Perhaps the Congress can help to spur this process along in the remaining States.

In addition to identification, when elders have the courage to report abuse, we must assure that they receive the help they need. Existing services for the elderly are woefully inadequate in many respects.

In New York, for example, there is a pathetic lack of shelter for domestic violence victims, and even those shelters that are available for domestic violence victims are inappropriate to house elderly victims whose lives are endangered by elder abuse.

These shelters for elder abuse victims would need to accommodate physical disabilities and have to take into account the special dietary and medical needs of the elderly.

Tremendous resources are needed to provide adequate support services for the elderly who are abused in this country. This is an area in which the Federal Government could be most helpful, by increasing social services block grants significantly.

But even more has to be done. Research is necessary to determine more precisely the nature and prevalence of elder abuse. Training and education are needed to make Americans more aware of the problem and more sensitive to the special needs of elder

abuse victims. Law enforcement agencies need to create specially trained units to handle these cases.

In my office, for example, all elder abuse cases are handled by a particular bureau, the Sex Crimes/Special Victims Bureau, which is staffed by specially trained assistants. The assistants get training in, among other things, the special needs of elderly victims and how to deal with their special concerns about reporting and prosecution.

Finally, victims need to be shown that there are options, that no one has to endure a life of dread and suffering. If they cannot imagine putting their child in jail, there are alternatives. My office, for instance, will help place their drug-abusing children in treatment centers, or we can get elderly victims an order of protection and provide psychological counseling.

Court-ordered counseling programs should be created and funded to counsel non-addicted defendants convicted of battering their elders. An increase in drug treatment facilities is crucial. They provide an alternative to jail for the addicted abuser, making it easier to persuade the elderly victim to go forward with the prosecution and to prevent further victimization.

The increase in elder abuse by their drug-addicted relatives is unfortunately only one of the terrible effects of crack on the elderly. Another is the increase in drug-related crime against the elderly by strangers. Crack-related violence has increased dramatically against all victims in the years since 1986.

The elderly have not been exempted from this spate of drug-related crimes. Murders, robberies, burglaries, and assault are committed with alarming frequency against elderly victims by strangers who view them as easy prey.

My office recently handled a case in which a 65 year old woman was beaten and strangled to death in her apartment by a man seeking money for drugs. As the victim lay dead, locked in her closet, her killer made repeated trips to the pawn shop with the items stolen from her apartment.

Citywide in New York, crimes against the elderly remain at high levels. In 1988, almost 30,000 crimes were reported with burglaries, robberies, and assault making up over 15,000 of these crimes, most of them drug-related.

The elderly are particularly likely to be victims of drug-related crimes because their frailty makes them less mobile, and less likely to successfully resist their attackers. Another factor in the high victimization rate is that many elderly victims are poor and live in crime-ridden, drug-infested neighborhoods, from which they cannot afford to move.

Drug dealers have taken such neighborhoods hostage and turned them into war zones.

According to the Justice Department, the elderly are more likely than victims under the age of 65 to be victimized at or near their own homes. Even for those who are not victimized, the psychological effect of the violence associated with drug trafficking is devastating.

They become isolated, afraid to venture forth, to shop, to attend religious services, join friends at senior centers, or even pick up

their mail from crack-infested building lobbies. Elders become prisoners in their own homes.

To address this urgent problem a number of steps must be taken. States have to be given massive new resources for local law enforcement efforts, for drug treatment programs, for education and prevention programs, and services for the victims of drug abuse.

Although both the President and Congress have been aware of the enormity of America's drug crisis and proclaimed a war, that war has still not yet been funded, although I must congratulate the Senate for passing legislation that would substantially increase the funding.

There is no solution to the problem of elder abuse related to crack and violence against elderly people triggered by crack unless this Government is prepared to wage that war on the enforcement front, on the education front, on the treatment front, and at the growing of the drugs at the source front.

From the point of view of a prosecutor in a big city, we have not yet seen the support for those efforts at the level they need to be delivered.

One of the final effects of crack on the elderly that I would like to discuss is the fact that it has caused grandparents to assume care of children abandoned or abused by crack-addicted parents. A 1988 survey by the New York State Division of Substance Abuse Services estimated that 467,000 of New York State's children have parents who are substance abusers.

The crack addiction of these parents has had disastrous results for their children, and one of the consequences is that grandparents will be asked to care for them. That has imposed enormous additional physical, psychological, and financial strains, which need to be addressed as well.

[The prepared statement of Ms. Holtzman follows:]

TESTIMONY

OF

KINGS COUNTY DISTRICT ATTORNEY

ELIZABETH HOLTZMAN

I WISH TO THANK THE SENATE SPECIAL COMMITTEE ON AGING FOR INVITING ME HERE THIS MORNING TO DISCUSS THE TERRIBLE EFFECT THAT THE CRACK EPIDEMIC IS HAVING ON OUR NATION'S SENIOR CITIZENS.

WE ARE HERE TODAY BECAUSE THIS IS A TIME OF EMERGENCY, OF CRISIS. CRACK HAS CAUSED DEVASTATION TO THOUSANDS OF ELDERLY PEOPLE JUST AS IT HAS DESTROYED SO MANY OTHER LIVES, COMMUNITIES, AND NEIGHBORHOODS. LIKE PERSONNEL BOMBS, CRACK EXPLODES IN FAMILIES SCATTERING DEADLY FRAGMENTS INTO THE BODIES OF EVERYONE AROUND.

AS DISTRICT ATTORNEY OF THE MOST POPULOUS BOROUGH IN NEW YORK CITY, I SEE THE EFFECTS OF CRACK ON OUR SENIOR CITIZENS EVERY DAY -- IN THE ENORMOUS RISE IN DRUG-RELATED VIOLENT CRIMES COMMITTED AGAINST ELDERLY VICTIMS, IN THE INCREASING ISOLATION OF THE FRAIL ELDERLY IN DANGEROUS CRACK-INFESTED NEIGHBORHOODS AND IN THE SOARING NUMBER OF GRANDPARENTS WHO MUST RAISE GRANDCHILDREN ABANDONED OR ABUSED BY THEIR CRACK ADDICTED PARENTS.

ONE OF THE MOST SERIOUS EFFECTS OF CRACK HAS BEEN THE INCREASE IN THE CASES OF VIOLENCE AGAINST ELDERLY PEOPLE BY YOUNGER MEMBERS OF THEIR FAMILY. LET ME BEGIN BY DISCUSSING THIS PROBLEM. EVEN THOUGH THESE CASES HAVE NOT MADE THE FRONT PAGES, AS DISTRICT ATTORNEY, I HAVE HAD TO DEAL WITH INCREASING NUMBERS OF CASES OF INTRAFAMILY VIOLENCE RESULTING FROM CRACK. I HAVE DISCOVERED TO MY HORROR THAT NO BOND OF LOVE CAN STAND IN THE WAY OF CRACK -- THAT

HUNDREDS, EVEN THOUSANDS OF OLDER NEW YORKERS ARE NOW VULNERABLE TO MURDER, TO ASSAULT BY THEIR CHILDREN, GRANDCHILDREN OR GREATGRANDCHILDREN DESPERATE FOR THEIR NEXT FIX OF CRACK.

THE PROBLEM FIRST CAME TO MY ATTENTION IN 1986 WHEN MY OFFICE HANDLED THE CASE OF A YOUNG MAN WHO HAD ASKED HIS MOTHER TO GIVE HIM MONEY FOR CRACK. LIKE ANY GOOD, SENSIBLE MOTHER SHE TOLD HIM, "NO". OUTRAGED AT THE REJECTION, HER SON THEN TIED HER TO A BED, SET THE ROOM ON FIRE, BARRICADED THE DOOR TO PREVENT HER FROM ESCAPING AND LEFT HER TO DIE.

FATHERS, TOO, ARE VULNERABLE. I RECALL A SIMILAR CASE IN WHICH ANOTHER YOUNG MAN APPROACHED HIS FATHER FOR MONEY FOR CRACK. HE, TOO, REFUSED, JUST LIKE ANY SENSIBLE PARENT WOULD. THE SON, FURIOUS, ATTACKED WITH A HAMMER, BASHING HIS FATHER REPEATEDLY ON HIS HEAD AND FRACTURING HIS RIBS AND ARMS.

THESE CASES ARE HORRIFYING. WORSE STILL, THE PROBLEM IS GROWING, MUSHROOMING JUST LIKE THE CRACK EPIDEMIC.

IN 1988, MY OFFICE HANDLED ALMOST 400% MORE CASES OF VIOLENT ATTACKS ON ELDERS THAN WE HAD IN 1986, THE YEAR THE CRACK EPIDEMIC BEGAN. (371 CASES IN 1988 COMPARED TO 85 CASES IN 1986). AND THE NUMBERS FOR 1989 ARE REMAINING AT THE SAME HIGH LEVELS -- 272 CASES AS OF OCTOBER 31, 1989. THESE STATISTICS ARE NOT JUST NUMBERS -- THEY REFLECT BRUTAL ATTACKS ON MOTHERS, FATHERS, GRANDPARENTS, UNCLES, AND AUNTS WHOSE LIVES HAVE BEEN DESTROYED BY SENSELESS VIOLENCE. EACH CASE REPRESENTS A SHATTERED FAMILY, A BROKEN RELATIONSHIP OF TRUST.

AND THESE NUMBERS ARE ONLY THE TIP OF THE ICEBERG. VIOLENT ATTACKS REPRESENT ONLY ONE OF THE MANY FORMS ELDER ABUSE MAY TAKE. ELDERS ARE ALSO SUBJECT TO FINANCIAL EXPLOITATION, NEGLECT,

DEPRIVATION OF ESSENTIAL SERVICES SUCH AS FOOD, CLOTHING AND MEDICATION, ABANDONMENT AND PSYCHOLOGICAL ABUSE.

EVEN WHEN YOU CONSIDER ONLY VIOLENT ATTACKS, THE NUMBERS OF CASES OF ABUSE ARE SIGNIFICANTLY UNDERSTATED BY THE STATISTICS I HAVE GIVEN BECAUSE THE PROBLEM IS VASTLY UNDERREPORTED. THE RESPONSE OF PARENTS AND GRANDPARENTS WHO HAVE BEEN ATTACKED IS NOT VERY DIFFERENT FROM THAT OF OTHER VICTIMS OF INTRAFAMILY VIOLENCE. LIKE WIVES WHO ARE BATTERED, PARENTS AND GRANDPARENTS ARE DEEPLY ASHAMED ABOUT THE VIOLENCE VISITED UPON THEM BY THEIR OFFSPRING. OFTEN THEY BLAME THEMSELVES, BELIEVING THAT THEY MUST BE AT FAULT FOR THE BATTERING. FURTHERMORE, MANY OF THE VICTIMS DO NOT WANT TO SEE THEIR CHILD OR GRANDCHILD PUNISHED; THEY JUST WANT THE VIOLENCE TO END. AS A RESULT, THESE CRIMES FREQUENTLY WON'T BE REPORTED AT ALL, AND WHEN THEY ARE REPORTED IT IS USUALLY ONLY WHEN THE VIOLENCE HAS BECOME VERY SERIOUS, EVEN LIFE-THREATENING.

THERE ARE OTHER REASONS THAT ELDER ABUSE MAY NOT BE REPORTED. ELDERS MAY BE UNAWARE OF PROFESSIONAL AGENCIES, SUCH AS SOCIAL SERVICE OR LAW ENFORCEMENT AGENCIES, WHICH ARE AVAILABLE TO ASSIST THEM. THEY MAY THINK THEIR PLIGHT IS UNIQUE OR THEY DO NOT KNOW WHERE TO TURN FOR HELP. FINALLY, THEY MAY BE AFRAID OF RETALIATION IF THEY TAKE ACTION AGAINST THEIR ABUSER.

ELDERLY VICTIMS MAY BE ENTIRELY DEPENDENT ON THEIR ABUSIVE CHILDREN FOR MEDICATION AND A PLACE TO LIVE. THEY MAY BE FRIGHTENED, HELPLESS AND VULNERABLE. THEY MAY BE AFRAID THAT THEY WILL BE LEFT ALONE WITH NO ONE TO CARE FOR THEM IF THEY REPORT ABUSE. OTHER ELDERLY VICTIMS MAY HAVE FEW OUTSIDE CONTACTS. THEY MAY NOT WORK; THEY MAY NEVER EVEN GO OUTDOORS OR SEE THEIR NEIGHBORS.

THE PROBLEM OF ELDER ABUSE IS NOT CONFINED TO NEW YORK OR TO CITIES. IT IS A NATIONAL PROBLEM. AN ESTIMATED 1 MILLION PEOPLE OVER AGE 65 ARE ABUSED, NEGLECTED OR EXPLOITED EACH YEAR. AND AS OUR POPULATION AGES, CHANGING DEMOGRAPHICS WILL MAKE VICTIMIZATION OF THE ELDERLY INCREASE DRAMATICALLY BY THE TURN OF THE CENTURY. BY THE YEAR 2000, 13% OF AMERICANS WILL BE 65 YEARS OR OLDER. THE GREATEST INCREASE WILL BE IN THOSE OVER 75 YEARS OLD -- WHICH INCLUDES SOME OF THE MOST PHYSICALLY, MENTALLY AND FINANCIALLY VULNERABLE PEOPLE.

THE PROBLEM OF ELDER ABUSE CANNOT BE IGNORED. ABUSED ELDERS ARE IN URGENT NEED OF HELP -- BOTH TO STOP THE ABUSE AND PROSECUTE THE OFFENDER AND TO PROVIDE THEM WITH COUNSELING AND OTHER VITAL SERVICES.

BUT WE CANNOT BEGIN TO ADDRESS THE PROBLEM OF ELDER ABUSE UNTIL ITS VICTIMS HAVE BEEN IDENTIFIED. SINCE, FOR THE REASONS I HAVE MENTIONED, VICTIMS OFTEN CANNOT OR WILL NOT REPORT THE ABUSE, WE MUST USE OTHER MEANS TO IDENTIFY THOSE IN NEED OF HELP.

FIRST, WE MUST OBTAIN THE ASSISTANCE OF THE MEDICAL COMMUNITY. SINCE MANY OF THE ABUSED ELDERLY ARE FORCED TO SEEK MEDICAL ATTENTION FOR THEIR INJURIES, HOSPITAL VISITS MAY BE THE ONLY CHANCE FOR AN OLDER VICTIM TO GET HELP. DOCTORS OFTEN REPRESENT AN ABUSED ELDER'S ONLY CONNECTION WITH THE OUTSIDE WORLD.

TRAINING MEDICAL PERSONNEL IS PARTICULARLY IMPORTANT BECAUSE THE ELDERLY VICTIM MAY EXPLAIN AWAY INJURIES CAUSED BY ABUSE; FOR INSTANCE, FRACTURES MAY BE BLAMED ON FRAIL BONES BROKEN IN FALLS.

AND DOCTORS MAY NOT IMAGINE THAT FAMILY VIOLENCE COULD BE THE CAUSE OF THE INJURIES. AS WITH CASES OF CHILD ABUSE, HEALTH PROFESSIONALS MUST BE TRAINED TO BLEND MEDICINE WITH DETECTIVE WORK, LOOKING AT X-RAYS FOR SIGNS OF OLD INJURIES AND CAREFULLY AND SENSITIVELY QUESTIONING THE PATIENT ABOUT IMPLAUSIBLE EXPLANATIONS FOR THEIR INJURIES.

IN JULY 1988, I WROTE TO 81 NEW YORK CITY HOSPITALS CALLING ON THEM TO TRAIN THEIR DOCTORS, NURSES, AND SOCIAL WORKERS TO RECOGNIZE SIGNS OF ELDER ABUSE, AND TAKE APPROPRIATE ACTIONS TO DEAL WITH THE PROBLEM. SADLY, ONLY FOUR RESPONDED, NOTING THAT THEY HAD SUCH TRAINING PROGRAMS OR WERE INSTITUTING THEM. ON THE BRIGHTER SIDE, I AM PLEASED TO REPORT THAT IN RESPONSE TO MY CALL, THE CITY'S HEALTH AND HOSPITALS CORPORATION INITIATED A PILOT PROGRAM TO TRAIN ITS HOSPITAL EMERGENCY ROOM STAFF, SOCIAL WORKERS, AND OTHER PERSONNEL TO RECOGNIZE AND TREAT CASES OF ELDER ABUSE. THE PILOT PROGRAM WAS INSTITUTED AT THREE ACUTE CARE HOSPITALS, TWO NEIGHBORHOOD FAMILY CARE CENTERS AND TWO CERTIFIED HOME HEALTH AGENCIES, ALL IN THE BRONX. THIS IS AN IMPORTANT START BUT IT STILL LEAVES MOST ELDERLY VICTIMS UNPROTECTED. UNTIL THE PILOT PROGRAM HAS BEEN EVALUATED, ONLY THE PILOT PROGRAM HOSPITALS WILL RECEIVE TRAINING; THERE WILL BE NO TRAINING IN ANY OF THE OTHER CITY HOSPITALS OR THE 76 OTHER VOLUNTARY OR PRIVATE HOSPITALS. THE FEDERAL GOVERNMENT CAN AND SHOULD HELP ENCOURAGE THE DEVELOPMENT OF TRAINING PROGRAMS IN MEDICAL SCHOOLS AND HOSPITALS.

THE ELDERLY, TOO, MUST BE EDUCATED. THEY MUST BE INFORMED ABOUT THE KIND OF HELP THAT IS AVAILABLE AND THEY MUST BE REASSURED

THAT IF THEY REPORT THEIR ABUSE, THEY WILL BE PROTECTED FROM RETALIATION. THEY MUST ALSO BE ASSURED THAT THEY WILL HAVE SOME OTHER PLACE TO TURN TO FOR FOOD, CLOTHING, SHELTER AND PERSONAL CARE IF THEY REPORT ABUSE BY A FAMILY MEMBER WHO CARES FOR THEM.

DOCTORS, NURSES, SOCIAL WORKERS AND OTHER PROFESSIONALS WHO COME INTO CONTACT WITH THE ELDERLY MUST BE REQUIRED TO REPORT INSTANCES OF ABUSE. ALL 50 STATES HAVE A MANDATORY REPORTING REQUIREMENT FOR CHILD ABUSE, AND 44 ALSO HAVE ONE FOR ELDER ABUSE. UNFORTUNATELY, NEW YORK IS ONE OF THE FEW STATES THAT DOES NOT. IT IS JOINED BY COLORADO, ILLINOIS, NORTH AND SOUTH DAKOTA AND PENNSYLVANIA. THIS YEAR, MY OFFICE DRAFTED A MANDATORY REPORTING LAW FOR NEW YORK STATE WHICH WAS INTRODUCED IN THE NEW YORK STATE LEGISLATURE. THE FEDERAL GOVERNMENT SHOULD ENCOURAGE THE DEVELOPMENT NATIONWIDE OF MANDATORY REPORTING.

IDENTIFICATION, ALONE, SOLVES ONLY PART OF THE PROBLEM. WHEN ELDERS HAVE THE COURAGE TO REPORT ABUSE, WE MUST ASSURE THAT THEY RECEIVE THE HELP THEY NEED. EXISTING SERVICES FOR THE ELDERLY ARE WOEFULLY INADEQUATE IN MANY RESPECTS.

FOR EXAMPLE, IN NEW YORK CITY, CASEWORKERS FOR PROTECTIVE SERVICES FOR ADULTS, THE AGENCY CHARGED WITH PROVIDING CARE TO DEPENDENT ABUSED ADULTS OVER THE AGE OF 18, ARE HANDLING CASELOADS APPROXIMATELY TWICE AS HIGH AS THOSE RECOMMENDED BY THE NEW YORK PUBLIC WELFARE ASSOCIATION. AND UPSTATE, PROTECTIVE SERVICE WORKERS HAVE CASELOADS EVEN HIGHER THAN THAT. SOME HAVE CASELOADS AS HIGH AS 110 CASES PER WORKER. THIS IS CLEARLY UNACCEPTABLE. CASEWORKERS SIMPLY CANNOT BEGIN TO INVESTIGATE ALL THE CASES THAT EXIST NOW. AND THE NUMBERS KEEP RISING. CLIENT NUMBERS ROSE 10% FROM 1987 TO 1988 AND ROSE ANOTHER 10% FROM 1988 TO 1989.

ONE OF THE REASONS NEW YORK STATE'S PROGRAM OF PROTECTIVE SERVICES FOR ADULTS IS SO UNDERFUNDED IS THAT THE FEDERAL GOVERNMENT HAS NOT BEEN PAYING ITS FAIR SHARE. DURING THE REAGAN YEARS, SOCIAL SERVICES BLOCK GRANTS WERE CUT BACK DRAMATICALLY. WHILE BLOCK GRANTS HAVE NOW BEGUN TO INCREASE, THEY HAVE NOT INCREASED NEARLY ENOUGH TO MAKE UP FOR THE DAMAGE THAT WAS DONE. STATES AND LOCALITIES WERE FORCED TO FUND LARGER AND LARGER SHARES OF SOCIAL SERVICE COSTS AND THOSE COSTS HAVE SKYROCKETED. THE FEDERAL MONEY NOW COMING IN TO NEW YORK STATE FOR SOCIAL SERVICE BLOCK GRANTS STILL DOES NOT EVEN COVER 50% OF THE COSTS OF SERVICES MANDATED BY STATE AND FEDERAL LAWS. STATES AND LOCALITIES WHICH CANNOT AFFORD TO FUND THESE SERVICES FACE THE SPECTER OF WORSENING CARE FOR THEIR ELDERLY POPULATION. THIS CANNOT CONTINUE.

PROTECTIVE SERVICES FOR ADULTS -- AND SIMILAR AGENCIES IN CITIES AND STATES THROUGHOUT THE COUNTRY -- MUST BE GIVEN THE RESOURCES TO DO THE JOB.

SIMILARLY, THERE IS A PATHETIC LACK OF SHELTERS FOR DOMESTIC VIOLENCE VICTIMS IN NEW YORK STATE. THOSE THAT EXIST -- JUST 48 -- ARE CROWDED WITH DESPERATE FAMILIES, AND ARE INAPPROPRIATE FOR OLDER VICTIMS. SPECIAL SHELTERS MUST BE AVAILABLE TO HOUSE VICTIMS WHOSE LIVES ARE ENDANGERED BY ELDER ABUSE. THESE SHELTERS WOULD ACCOMMODATE PHYSICAL DISABILITIES AND TAKE INTO ACCOUNT THE SPECIAL DIETARY AND MEDICAL NEEDS OF THE ELDERLY.

TREMENDOUS RESOURCES ARE NEEDED TO PROVIDE ADEQUATE SUPPORT SERVICES FOR THE ELDERLY IN THIS COUNTRY. THIS IS AN AREA IN WHICH THE FEDERAL GOVERNMENT COULD BE MOST HELPFUL BY INCREASING SOCIAL SERVICES BLOCK GRANTS SIGNIFICANTLY.

BUT EVEN MORE HAS TO BE DONE. RESEARCH IS NECESSARY TO DETERMINE MORE PRECISELY THE NATURE AND PREVALENCE OF ELDER ABUSE. TRAINING AND EDUCATION ARE NEEDED TO MAKE AMERICANS MORE AWARE OF THE PROBLEM AND MORE SENSITIVE TO THE SPECIAL NEEDS OF ELDER ABUSE VICTIMS. LAW ENFORCEMENT AGENCIES NEED TO CREATE SPECIALLY TRAINED UNITS TO HANDLE THESE CASES.

IN MY OFFICE, FOR EXAMPLE, ALL ELDER ABUSE CASES ARE HANDLED BY A PARTICULAR BUREAU, THE SEX CRIMES/ SPECIAL VICTIMS BUREAU, STAFFED WITH SPECIALLY TRAINED ASSISTANTS. ASSISTANTS RECEIVE TRAINING IN, AMONG OTHER THINGS, THE SPECIAL NEEDS OF ELDERLY VICTIMS.

FINALLY, VICTIMS NEED TO BE SHOWN THAT THERE ARE OPTIONS, THAT NO ONE HAS TO ENDURE A LIFE OF DREAD AND SUFFERING. IF THEY CANNOT IMAGINE PUTTING THEIR CHILD IN JAIL, THERE ARE ALTERNATIVES. MY OFFICE, FOR INSTANCE, WILL HELP PLACE THEIR DRUG-ABUSING CHILDREN IN TREATMENT CENTERS. OR WE CAN GET ELDERLY VICTIMS AN ORDER OF PROTECTION AND PROVIDE PSYCHOLOGICAL COUNSELING. COURT-ORDERED COUNSELING PROGRAMS SHOULD BE CREATED AND FUNDED TO COUNSEL NON-ADDICTED DEFENDANTS CONVICTED OF BATTERING THEIR ELDERS. AN INCREASE IN DRUG TREATMENT FACILITIES IS ALSO CRUCIAL TO PERSUADE ELDERLY PERSONS TO GO FORWARD WITH THE PROSECUTION AND TO PREVENT FURTHER VICTIMIZATION.

THE INCREASE IN ELDERLY PEOPLE ABUSED BY THEIR DRUG-ADDICTED RELATIVES IS UNFORTUNATELY, ONLY ONE OF THE TERRIBLE EFFECTS OF CRACK ON THE ELDERLY. ANOTHER IS THE INCREASE IN DRUG RELATED CRIME AGAINST THE ELDERLY BY STRANGERS. CRACK-RELATED VIOLENCE HAS INCREASED DRAMATICALLY AGAINST ALL VICTIMS IN THE YEARS SINCE 1986.

ACCORDING TO POLICE, 38% OF NEW YORK CITY'S MURDERS ARE NOW DRUG RELATED, COMPARED TO 24% IN 1980 AND THE NUMBER OF MURDERS IS UP, TOO, -- TO OVER 1,896 IN 1988. OTHER VIOLENT CRIMES RELATED TO DRUG TRAFFICKING AND DRUG ABUSE, ROBBERY AND AGGRAVATED ASSAULT, WERE UP AS WELL. IN 1988, THERE WERE 86,578 ROBBERIES IN NEW YORK CITY, UP 8.9% FROM THE 79,532 ROBBERIES IN 1985. AGGRAVATED ASSAULT ROSE 116% DURING THE SAME PERIOD, FROM 32,922 TO 71,030. THE NUMBERS HAVE BEEN INCREASING STEADILY SINCE 1985. PRIOR TO 1985, THE CRIME RATE HAD BEEN DECREASING. A 1986 STUDY OF MANHATTAN DEFENDANTS ARRESTED FOR SERIOUS CRIMES SHOWED THAT 78% TESTED POSITIVE FOR COCAINE, UP FROM ONLY 42% IN 1984.

THE ELDERLY HAVE NOT BEEN EXEMPTED FROM THIS SPATE OF DRUG-RELATED CRIMES. MURDERS, ROBBERIES, BURGLARIES AND ASSAULTS ARE COMMITTED WITH ALARMING FREQUENCY AGAINST ELDERLY VICTIMS BY STRANGERS WHO VIEW THEM AS EASY PREY. MY OFFICE RECENTLY HANDLED A CASE IN WHICH A 65 YEAR OLD WOMAN WAS BEATEN AND STRANGLED TO DEATH IN HER APARTMENT BY A MAN SEEKING MONEY FOR DRUGS. AS THE VICTIM LAY DEAD, LOCKED IN A CLOSET, HER KILLER MADE REPEATED TRIPS TO THE PAWN SHOP WITH ITEMS STOLEN FROM HER APARTMENT. CITYWIDE, CRIMES AGAINST THE ELDERLY REMAIN AT HIGH LEVELS. IN 1988, ALMOST 30,000 CRIMES WERE REPORTED, WITH BURGLARIES, ROBBERIES AND ASSAULTS MAKING UP OVER 15,000 OF THESE CRIMES. MANY OF THESE ARE DRUG-RELATED.

THE ELDERLY ARE PARTICULARLY LIKELY TO BE VICTIMS OF DRUG-RELATED CRIMES BECAUSE THEIR FRAILTY MAKES THEM LESS MOBILE, AND LESS LIKELY TO SUCCESSFULLY RESIST THEIR ATTACKERS. ANOTHER FACTOR IN THE HIGH VICTIMIZATION RATE IS THAT MANY ELDERLY VICTIMS ARE POOR AND LIVE IN CRIME RIDDEN, DRUG-INFESTED NEIGHBORHOODS FROM

WHICH THEY CANNOT AFFORD TO MOVE OUT. DRUG DEALERS HAVE TAKEN SUCH NEIGHBORHOODS HOSTAGE AND TURNED THEM INTO WAR ZONES. ACCORDING TO THE DRUG ENFORCEMENT ADMINISTRATION, DURING 1988, THERE WERE AT LEAST 30 INSTANCES IN NEW YORK CITY IN WHICH INNOCENT BYSTANDERS WERE HIT BY STRAY BULLETS DURING DRUG RELATED GUNFIGHTS. EIGHTEEN BYSTANDERS WERE KILLED AND 40 WERE WOUNDED IN THESE INCIDENTS.

ACCORDING TO THE JUSTICE DEPARTMENT, THE ELDERLY ARE MORE LIKELY THAN VICTIMS UNDER AGE 65 TO BE VICTIMIZED AT OR NEAR THEIR OWN HOMES -- 45% COMPARED TO 22%. EVEN FOR THOSE WHO ARE NOT VICTIMIZED, THE PSYCHOLOGICAL EFFECT OF THE VIOLENCE ASSOCIATED WITH DRUG TRAFFICKING IS DEVASTATING -- THEY BECOME ISOLATED, AFRAID TO VENTURE FORTH TO SHOP, ATTEND RELIGIOUS SERVICES, JOIN FRIENDS AT SENIOR CENTERS, OR EVEN PICK UP THEIR MAIL FROM CRACK-INFESTED BUILDING LOBBIES. ELDERS BECOME PRISONERS IN THEIR HOMES.

TO ADDRESS THIS URGENT PROBLEM, A NUMBER OF STEPS MUST BE TAKEN. FIRST, STATES MUST BE GIVEN MASSIVE NEW RESOURCES FOR LOCAL LAW ENFORCEMENT EFFORTS, DRUG TREATMENT, EDUCATION AND PREVENTION, AND SERVICES FOR DRUG ABUSERS AND THEIR VICTIMS. ALTHOUGH BOTH THE PRESIDENT AND CONGRESS HAVE BEEN AWARE OF THE ENORMITY OF AMERICA'S DRUG CRISIS AND PROCLAIMED A WAR, THEY HAVE NOT FUNDED ONE.

AS RECENTLY AS SEPTEMBER, PRESIDENT BUSH, IN WHAT WAS SUPPOSED TO BE A MAJOR DRUG INITIATIVE, PROPOSED ONLY A $2.2 BILLION INCREASE FOR ALL ANTI-DRUG ACTIVITIES IN THE COUNTRY. THIS IS GROSSLY INADEQUATE. WHAT'S WORSE, THE LARGEST SINGLE EXPENDITURE IN THAT $2.2 BILLION INCREASE WOULD BE FOR FEDERAL PRISONS, AN ITEM WHICH DOES NOT ADDRESS ANY OF THE GRAVELY SERIOUS PROBLEMS I HAVE

DISCUSSED. THE PRESIDENT WAS SHARPLY, AND TO MY MIND CORRECTLY, CRITICIZED FOR THIS SHORT-SIGHTED PROPOSAL. THAT KIND OF MONEY COULDN'T WIN AN ARGUMENT, LET ALONE A WAR.

WHILE I UNDERSTAND THAT CONGRESS IS GOING TO INCREASE THE FUNDING PROPOSED BY THE PRESIDENT SUBSTANTIALLY, CONGRESS MUST REALIZE THAT A SERIOUS COMMITMENT TO THE DRUG WAR WILL REQUIRE AN EQUALLY SERIOUS COMMITMENT OF RESOURCES. I WOULD HOPE THAT WE WOULD NOT SEE THE SAME THING HAPPEN THIS YEAR THAT HAPPENED IN 1988, WHEN CONGRESS AUTHORIZED $2.8 BILLION IN THE 1988 ANTI-DRUG ACT, AND THEN ONLY APPROPRIATED $1 BILLION. FOR TOO LONG, THE MONEY STATES HAVE RECEIVED HAS BEEN FAR TOO LITTLE AND HAS COME FAR TOO LATE. BY THE TIME STATES RECEIVE ANTI-DRUG FUNDS, THE PROBLEM HAS GROWN MUCH WORSE. FOR EXAMPLE, NEW YORK STATE IS ONLY NOW RECEIVING SOME OF THE FUNDS AUTHORIZED IN 1988 FOR DRUG TREATMENT AND CAN NOW ONLY BEGIN TO CONTRACT FOR THE SERVICES THE MONEY WILL FUND. THESE SERVICES WILL NOT ACTUALLY BE AVAILABLE FOR THOSE WHO NEED THEM FOR MONTHS, AT BEST. IN THE MEANTIME, WAITING LISTS CONTINUE TO GROW. CONGRESS MUST ENSURE THAT THE MONEY IT APPROPRIATES IS SUFFICIENT TO DO THE JOB AND THAT IT REACHES THOSE IN NEED PROMPTLY. WARS MUST BE FOUGHT QUICKLY AND DECISIVELY. AND THIS IS A WAR AMERICA CANNOT AFFORD TO LOSE.

SECOND, WHILE WE ADDRESS THE DEMAND SIDE WITH TREATMENT, EDUCATION AND PREVENTION, THIS COUNTRY MUST HAVE AN EFFECTIVE POLICY TO REDUCE THE SUPPLY OF DRUGS THAT ENTER THIS COUNTRY. THE REAGAN ADMINISTRATION FAILED TO DEVELOP SUCH A POLICY AND THE BUSH ADMINISTRATION HAS DONE NO BETTER. WHILE THE BUSH ADMINISTRATION HAS PROPOSED AND THE CONGRESS HAS PASSED LEGISLATION TO PROVIDE

$125 MILLION DOLLARS IN MILITARY AID TO BOLIVIA, PERU AND COLOMBIA, THE ADMINISTRATION HAS COME UP WITH NO COMPREHENSIVE PLAN FOR SPENDING THIS MONEY IN A WAY THAT WILL HELP REDUCE THE GROWING OF COCA OR THE PRODUCTION OF COCAINE. SIMILARLY, ALTHOUGH, LAST YEAR'S OMNIBUS DRUG LEGISLATION MANDATED THAT THE SECRETARY OF STATE PREPARE A REPORT BY MAY 1989 EXAMINING THE FEASIBILITY OF CREATING A MULTI-NATIONAL, COMPREHENSIVE STRATEGY AGAINST COCA TRAFFICKERS, THE REPORT HAS STILL NOT BEEN SUBMITTED. AT LEAST A HALF DOZEN OTHER REPORTS REQUIRED OF OTHER AGENCIES IN THE EXECUTIVE BRANCH AND INTENDED TO GIVE CONGRESS INFORMATION ABOUT HOW MUCH MONEY IS NEEDED FOR VARIOUS ANTI-DRUG INITIATIVES AND HOW BEST TO SPEND THE MONEY EFFECTIVELY ARE ALSO SIX MONTHS OVERDUE. THE EXECUTIVE BRANCH MUST LIVE UP TO ITS RESPONSIBILITIES AND, WHEN NECESSARY, CONGRESS MUST MAKE IT DO SO.

THIRD, STATES MUST BE GIVEN STRONGER WEAPONS TO FIGHT DRUG TRAFFICKING. WHILE THE FEDERAL GOVERNMENT HAS STRONG FORFEITURE LAWS WHICH ALLOW FEDERAL PROSECUTORS TO CLOSE DOWN DRUG DENS AND SEIZE THE VAST REAL PROPERTY HOLDINGS OF DRUG DEALERS, MANY STATES, SUCH AS NEW YORK, DO NOT ALLOW THE SEIZURE OF REAL PROPERTY USED IN THE DRUG TRADE. THIS FORCES US TO RELY ON SLOW AND CUMBERSOME LOCAL NUISANCE LAWS TO EVICT DRUG DEALERS WHO HAVE TAKEN OVER BUILDINGS OR APARTMENTS TO USE AS DRUG MARKETS, FACTORIES OR WAREHOUSES. I HAVE BEEN WORKING, ALONG WITH NEW YORK'S LAW ENFORCEMENT AGENCIES, TO STRENGHTHEN NEW YORK STATE'S LAW. IN THE MEANTIME, PROSECUTORS ARE OFTEN FORCED TO TURN TO THE FEDERAL GOVERNMENT FOR HELP BECAUSE OF THEIR STRONGER LAWS. PROVISIONS IN RECENT FEDERAL LEGISLATION WHICH LIMIT STATES' ABILITY TO USE FEDERAL FORFEITURE LAWS ARE UNFORTUNATE AND MUST BE REPEALED.

THERE ARE SEVERAL AREAS IN WHICH INCREASED FEDERAL FUNDING TO THE STATES COULD BE ENORMOUSLY HELPFUL. MY OFFICE AND OTHERS IN NEW YORK STATE HAVE ESTABLISHED NARCOTICS EVICTION PROGRAMS TO ASSIST LANDLORDS IN EVICTING DRUG DEALERS FROM THEIR APARTMENTS. WE HAVE FOUND THESE PROGRAMS TO BE VERY SUCCESSFUL. IN LESS THAN A YEAR, ALMOST 50 DRUG DEALERS IN KINGS COUNTY HAVE BEEN EVICTED. SUCH PROGRAMS GO FAR TO RETURN NEIGHBORHOODS TO COMMUNITY MEMBERS AND LOWER CRIME RATES. FEDERAL SUPPORT TO EXPAND THESE PROGRAMS IS NEEDED.

RESOURCES ARE ALSO DESPERATELY NEEDED TO PROVIDE DRUG TREATMENT, AT LEAST, TO THOSE WHO DESIRE IT. DECREASING THE NUMBER OF PEOPLE ADDICTED TO DRUGS CAN ONLY HAVE A POSITIVE EFFECT ON OUR CRIME RATE. YET, NEW YORK (AND OTHER STATES) CONTINUE TO TURN PEOPLE AWAY WHO SEEK TREATMENT BECAUSE THESE STATES DO NOT HAVE ENOUGH SPACE IN TREATMENT PROGRAMS. ACCORDING TO THE NEW YORK STATE DIVISION OF SUBSTANCE ABUSE SERVICES, IN 1988, THERE WERE AN ESTIMATED 1.4 MILLION ADULTS AND 250,000 MINORS IN NEW YORK STATE WHO USED COCAINE. YET, IN 1989, DESPITE THE ENORMOUS NEED, THERE ARE ONLY 4,759 DRUG FREE RESIDENTIAL TREATMENT BEDS AVAILABLE. THE DRUG FREE RESIDENTIAL FACILITIES ARE OPERATING AT 104% OF CAPACITY AND HAVE A WAITING LIST OF OVER 2,000 PEOPLE. WHILE THE FEDERAL GOVERNMENT HAS RECENTLY MADE A SIGNIFICANT CONTRIBUTION TO NEW YORK STATE TO REDUCE THESE WAITING LISTS, AS I MENTIONED ABOVE, MUCH, MUCH MORE IS NEEDED AND IT NEEDS TO REACH THE STATES MUCH MORE QUICKLY.

NEW YORK STATE HAS BEEN MAKING EFFORTS TO INCREASE THE STATE RESOURCES AVAILABLE FOR DRUG TREATMENT BOTH THROUGH EFFORTS TO STRENGHTHEN ITS FORFEITURE LAW AND THROUGH RECENT LEGISLATION WHICH

INCREASED DRUG FINES AND DIRECTED THAT THE MONEY COLLECTED BE USED FOR DRUG TREATMENT. I AM PLEASED TO NOTE THAT MY OFFICE HAD FIRST PROPOSED THE CONCEPT OF RAISING DRUG FINES IN 1988.

THE THIRD AND FINAL EFFECT OF CRACK ON THE ELDERLY THAT I WOULD LIKE TO DISCUSS TODAY IS THE FACT THAT IT HAS CAUSED GRANDPARENTS TO ASSUME CARE OF CHILDREN ABANDONED OR ABUSED BY CRACK ADDICTED PARENTS. A 1988 SURVEY BY THE NEW YORK STATE DIVISION OF SUBSTANCE ABUSE SERVICES ESTIMATED THAT 467,000 OF NEW YORK STATE'S CHILDREN HAVE PARENTS WHO ARE SUBSTANCE ABUSERS. THE CRACK ADDICTION OF THESE PARENTS HAS HAD DISASTROUS RESULTS FOR THEIR CHILDREN. IN 1987, 73% OF THE DEATHS OF CHILDREN KILLED BY ABUSE OR NEGLECT RESULTED FROM PARENTAL DRUG ABUSE, UP FROM 11% IN 1985. FROM 1986 TO 1988, THE NUMBER OF BABIES BORN IN NEW YORK CITY WITH DRUGS IN THEIR URINE MORE THAN TRIPLED - FROM 1,325 TO 5,088. MOST OF THESE BABIES TESTED POSITIVE FOR COCAINE.

AND THIS IS NOT A PHENOMENON RESTRICTED TO NEW YORK. IN 1988, A STUDY CONDUCTED AT 36 HOSPITALS AROUND THE COUNTRY REPORTEDLY FOUND THAT 11% OF WOMEN IN THE HOSPITALS STUDIED HAD USED ILLEGAL DRUGS IN PREGNANCY. THE DATA SUGGESTED THAT AS MANY AS 375,000 BABIES IN THIS COUNTRY FACED POSSIBLE HEALTH PROBLEMS AS A RESULT.

MANY OF THESE BABIES WILL BE REMOVED FROM THE CARE OF THEIR PARENTS BY COURT ORDER. IN NEW YORK CITY, THE NUMBER OF SO CALLED " BOARDER BABIES" -- BABIES WHO HAVE BEEN REMOVED FROM THEIR PARENTS AT BIRTH AND ARE AWAITING PLACEMENT IN FOSTER CARE -- HAS INCREASED FROM 250 A MONTH IN FEBRUARY 1987 TO 500 A MONTH AS OF NOVEMBER 1989. MOST OF THESE BABIES HAVE TESTED POSITIVE FOR DRUGS. THESE BABIES MAY FACE SERIOUS HEALTH PROBLEMS AS A RESULT OF THEIR PARENT'S USE OF DRUGS, INCLUDING SEIZURES, SEVERE RESPIRATORY

PROBLEMS, CONGENITAL INFECTIONS AND WITHDRAWAL SYMPTOMS. AN INCREASING NUMBER SUFFER FROM CONGENITAL SYPHILIS AND AIDS. SOME MAY FACE LONG TERM ILLNESS OR DISABILITY. MANY, AS BABIES AND LATER AS CHILDREN, MAY ALSO HAVE GRAVE PSYCHOLOGICAL OR EMOTIONAL PROBLEMS. THESE PHYSICAL AND PSYCHOLOGICAL PROBLEMS MAY MAKE THESE BABIES MORE DIFFICULT TO PLACE WITH FOSTER FAMILIES.

OTHER CHILDREN OF DRUG ADDICTED PARENTS MAY BE GIVEN OVER VOLUNTARILY TO RELATIVES FOR CARE. GRANDPARENTS ARE INCREASINGLY FORCED TO BECOME PARENTS AGAIN WHEN THEIR OWN CHILDREN TURN TO DRUGS. TAKING ON SUCH RESPONSIBILITY OBVIOUSLY HAS SERIOUS CONSEQUENCES FOR THE GRANDPARENTS WHO MAY LACK THE PHYSICAL STRENGTH OR FINANCIAL RESOURCES TO CARRY THEIR NEW BURDEN. IN ADDITION, AS A RESULT OF ABUSE BY OR THE ADDICTION OF THEIR PARENTS, THESE CHILDREN MAY COME WITH SERIOUS PHYSICAL AND EMOTIONAL PROBLEMS.

AND THE SITUATION IS ONLY GOING TO GET WORSE. RECENT STUDIES HAVE SHOWN THAT WOMEN ARE BECOMING INCREASINGLY ADDICTED TO CRACK. THE DRUG ENFORCEMENT ADMINISTRATION ESTIMATED THAT 50% OF CRACK USERS ON THE STREET ARE WOMEN. WHILE BOTH MALE AND FEMALE ADDICTS HAVE ABANDONED AND ABUSED THEIR CHILDREN, DRUG ABUSE BY MOTHERS COULD HAVE A GREATER IMPACT ON THE FAMILY, ESPECIALLY WHERE THE MOTHER IS THE ONLY PARENT CARING FOR THE FAMILY. THIS COULD HAVE A PARTICULAR IMPACT ON MINORITY FAMILIES BECAUSE OF THE HIGH PERCENTAGE OF MINORITY FAMILIES HEADED BY WOMEN.

CLEARLY, THERE IS AN URGENT NEED TO ADDRESS THE PROBLEM OF DRUG-ADDICTED PARENTS AND TO DEVISE WAYS OF PROTECTING THEIR CHILDREN AND SPARING THEIR GRANDPARENTS. THERE MUST BE RESEARCH ON THE PHYSICAL PROBLEMS LIKELY TO BE FACED BY CRACK BABIES. STEPS MUST BE TAKEN TO ENSURE THAT THERE ARE ADEQUATE PLACEMENT OPTIONS FOR BABIES WITH SPECIAL NEEDS. SPECIAL COUNSELING AND NEEDED MEDICAL SERVICES MUST BE AVAILABLE TO THESE CHILDREN, AND DRUG TREATMENT PROGRAMS FOR THEIR PARENTS. IN ADDITION, THERE IS AN URGENT NEED FOR EDUCATIONAL PROGRAMS AND SERVICES FOR PREGNANT, DRUG-ABUSING WOMEN SO WE CAN BEGIN TO CONTAIN THE NUMBER OF DRUG-ADDICTED INFANTS. FINALLY, WHERE PREVENTION FAILS, THERE IS A NEED TO ASSIST GRANDPARENTS WITH HEALTH CARE, SUPPORT SERVICES, AND FINANCIAL ASSISTANCE SO THAT THEY CAN PROVIDE THEIR NEW CHARGES WITH A SAFE AND HEALTHY ENVIRONMENT. ALL THESE PROGRAMS WOULD HAVE TO BE COORDINATED, IN A MULTI-DISCIPLINARY EFFORT, TO AFFORD GREATER CHANCE FOR SUCCESS.

THE ELDERLY HAVE BEEN TERRIBLY AFFECTED BY CRACK PHYSICALLY, EMOTIONALLY AND SOCIALLY. THEY ARE AT INCREASED RISK OF PHYSICAL HARM FROM BOTH FAMILY AND STRANGERS, AND ARE INCREASINGLY FEARFUL AND ISOLATED IN DANGEROUS COMMUNITIES. NONETHELESS, IT IS THEY WHO ARE BEING ASKED TO ASSUME GREATER RESPONSIBILITY FOR MANY CHILDREN. IT IS IMPORTANT FOR THE FEDERAL GOVERNMENT TO COME TO THE ASSISTANCE OF THE ELDERLY IN THE WAYS I HAVE OUTLINED SO THAT THEY CAN LOOK FORWARD TO A SAFER AND MORE SECURE FUTURE THAN AWAITS THEM NOW.

The CHAIRMAN. Ms. Holtzman, thank you very much for your statement.

Senator Heinz.

STATEMENT OF SENATOR JOHN HEINZ

Senator HEINZ. Thank you, Mr. Chairman, I am delighted that you are having these hearings, and it is a pleasure to welcome Elizabeth Holtzman, with whom I was privileged to serve in the House, and who has an enormously distinguished career as District Attorney in Brooklyn. Thank you, Elizabeth, for being here today with your very fine testimony on elder abuse, crack, and the problems that many of your constituents have encountered.

When I looked at Senator Pryor's witness list, I checked with my staff, because I had asked them to find somebody from Pennsylvania to testify as one of the victims. My staff informed me that they could not find anybody in Pennsylvania, in the time we had, who was willing to come and testify.

All the people they talked to were afraid. They were afraid of reprisals, they were afraid of coming and simply telling the truth, not because the truth is something they are reluctant to tell, but they did not want drug dealers to know they were telling it.

As a result, they are not in the position, as fortunately you are, to ask for help for them and for others. I thought I might just share with the committee, Mr. Chairman, the tales of these three women.

The first was frankly terrified to even talk on the telephone, for fear that someone was going to overhear, and that the drug dealers who have a stranglehold on this particular community would visit a reprisal on her family.

She did talk a little bit, eventually, about what it was like living a life of hell in a high-rise, why she ate her meals off her lap in the living room, so she would not be near the kitchen window. As you know, somebody got shot and killed that way here in Washington, and shootings do occur in other cities.

Another grandmother was caring for her grandchildren while their drug-addicted adult child was out hustling for the next pill, or powder or needle. Another woman's daughter who begs for food to feed the kids then sells that food to support her habit and then sends the kids to the grandmother's. Another woman told of—this is something you must be very familiar with—of routine drug busts literally down the hall, and thanks to what she described as revolving door justice, they would be arrested one night, and literally out the next day on bail, open for business as usual.

On one occasion, one woman stood with some ice cream she had in her shopping bag that she was taking home for her kids, a very special treat, and because there was nobody to guard her on the elevator, she stood there so long that it all melted.

Mr. Chairman, I am afraid that those stories are not unique to cities in my State. I am afraid they are not unique to Brooklyn. I am afraid they are taking place all over this country. I am a realist—I know we are not going to be able to get the drug dealers who prey on the less fortunate in our society out of every public housing project and community, but I think that there is a lot we could

do to make it easier to get them out, particularly those who are dealing on the premises, living there.

In the President's drug control package, the one that District Attorney Holtzman mentioned as S. 1711, we have an amendment which the Senators of Arkansas, and my colleagues here, Senator Kassebaum and Senator Pressler were kind enough to support, which I introduced, and it expedites the eviction process. It does not deprive anybody of their day in court, their due process, but it says that if you are guilty of a serious drug-related crime, like dealing, and if you are living in publicly assisted housing, then you don't have the extra benefit of an administrative appeals process that can take 6 months or a year, at the end of which time you could then go into court if you want, and drag the process out some more.

I hope our colleagues, your former colleagues, and my former colleagues on the House side are going to accept that package and that amendment, because the story you told, District Attorney Holtzman, is compelling evidence of the need to do that.

Mr. Chairman, I thank you again for holding this hearing, and I will have maybe one or two questions for the District Attorney if you have time.

The CHAIRMAN. Thank you.

Senator Kassebaum.

STATEMENT OF SENATOR NANCY LANDON KASSEBAUM

Senator KASSEBAUM. Thank you, Mr. Chairman. I don't have an opening statement. I will just wait and ask some questions.

The CHAIRMAN. That's fine.

Senator Pressler.

STATEMENT OF SENATOR LARRY PRESSLER

Senator PRESSLER. Mr. Chairman, I commend you for scheduling today's hearing. Congress has correctly chosen to spend many hours in debate and negotiation in an effort to find an appropriate response to the growing problem of illegal drug use. This problem currently afflicts every facet of American society. It affects not only urban areas, but also rural parts of the country like South Dakota. It is the Nation's No. 1 threat.

The drug war has also victimized the elderly. There is no excuse why our elderly must be forced to live in fear and be preyed upon by the crack dealers. It is time that these "hidden victims" of the drug war receive the attention they deserve. I look forward to the testimony of today's witnesses. Thank you again, Mr. Chairman, for your insight on this topic.

The CHAIRMAN. I have one or two questions for Ms. Holtzman.

Ms. Holtzman, if the Federal Government could do one thing to assist, let's say, a District Attorney's office and the local police in the battle against drug-related crime directed against the elderly, would you have one thing that would come to mind?

Ms. HOLTZMAN. That's too hard a question, Senator. Because I think one of the real problems is that for the elderly, not only do they share the same problem that many people in this society do,

which is the fear of victimization by strangers, but crack has created a special vulnerability for them within the family.

We used to think that we could take refuge, at least, at home. But when your children or your grandchildren—we even had a case involving a great-grandchild—become potential killers, then where can you go and how can you escape? Programs that will help train police departments and prosecutors and sensitize them to the handling of these cases and that will encourage the development of programs in hospitals so that they can identify some of these cases, as well as the other programs—drug treatment funding, and drug education funding and law enforcement programs, I think would be very important.

And of course, shelter programs, particularly those that would allow shelter for elderly victims. If elders have to move out of the home, there really are not adequate shelter facilities for them. The ones that we have are not suitable in general for elderly people.

The CHAIRMAN. In the public housing units, what could the local housing authorities do to beef up security? What could be done there? Or is anything being done?

Ms. HOLTZMAN. Well, a number of things are being done. One of the problems, is that we in New York State can't evict anybody in a summary proceeding in connection with drugs. It could take us 2 months: that's the fastest proceeding we have. We have worked with Federal authorities and with local police to identify drug dealers in housing projects and to try to get those places shut down as quickly as possible. Any efforts that would encourage Federal and local law enforcement efforts in those areas, and the greater rapidity of evictions would be very helpful.

The CHAIRMAN. Does it take 2 months to evict from a public housing facility?

Ms. HOLTZMAN. I am not sure we even have jurisdiction in a public housing facility, but just in a normal home in New York City—even if we find it to be the biggest drug den, with machine guns and you name it—we have to go through a regular housing court eviction procedure. That can take roughly 2 months, if we get special expedition from the courts. So one of the things we are trying to do in New York State is to get an expedited procedure for this.

Senator HEINZ. Mr. Chairman, may I interrupt for just a moment? Did New York apply for a waiver from the HUD administrative procedure, the State of New York, do you know?

Ms. HOLTZMAN. I don't know the answer, Senator, I'm sorry.

Senator HEINZ. My information is that you applied but were turned down, and therefore were subject to this lengthy, and frankly, extremely inconclusive administrative appeals process.

Ms. HOLTZMAN. That's a separate problem. We have our own problems, because the New York State legislature has held real estate in New York State sacrosanct from forfeiture proceedings, even if they were used in drug-related transactions. That's not true on the Federal side, but I believe there is a court order that affects the timeliness of the eviction proceedings.

Senator HEINZ. So you have two problems. One, you don't have the waiver, and second you have the law on forfeiture.

Ms. HOLTZMAN. Yes, the law on the State side is pretty terrible.

The CHAIRMAN. I think at this point, I will yield to you, Senator Heinz, for any questions, and then to Mrs. Kassebaum.

Senator HEINZ. I have just one brief follow-up. I imagine, therefore, that the Federal law, the amendment I just described, would be somewhat helpful to you. It would not solve your forfeiture problem, but it would allow much faster evictions.

Ms. HOLTZMAN. Senator, I would say to you that any procedure that speeded up the eviction of drug dealers from apartments, whether federally funded, federally subsidized or purely local, is crucial. It is crucial to the other people who live there, not only in terms of their physical security, but their morale: Even the lengthy eviction proceedings—which takes 2 months—even those have such a tremendous morale boosting impact on the neighborhood, when these people are finally out, that it is very, very important. So I would support any procedures, obviously, that take into account due process, but that are reasonable and speed this process up.

Senator, let me extend to you my own deep respect for the work you did when we were colleagues and since that time. It is a pleasure to be here before you.

Senator HEINZ. I have no further questions, but I just want to say that on my visits to public housing communities where I have discussed this legislation, as I have over the last 6 months in maybe four or five different public housing communities—what was at best kind of an uncertain reception turned into one where people felt there was hope, there was a prospect of some resolution of what for many of them is just daily hell. So I know it is something they want. If we all do our job, they will have it.

Ms. HOLTZMAN. Absolutely. Thank you.

The CHAIRMAN. Mrs. Kassebaum.

Senator KASSEBAUM. Just briefly one question, Ms. Holtzman. You are on the front line as District Attorney in Brooklyn, and we really value your comments to the committee. You commented that crack has created special vulnerability within a family; what is it about crack that makes it so terribly effective in this crime spree?

Ms. HOLTZMAN. Senator, I don't think anybody really knows the answer in a scientific way, but perhaps a sense of experience with this could contribute to it. Crack makes people much more violent than heroin, for example. Heroin makes people more passive, more quiet, they nod off. Crack makes people much more agitated, nervous, and prone to violence. Why this has that effect, I don't know, but it has had a devasting effect within the family. Not only do you have the problem—I presume as with heroin, of stealing money. With crack you have the tremendous brutality against parents and grandparents. If you want me to repeat the case that brought this to my attention—this was a case of a young man who went to his mother and said "Mom, give me money for crack." Like a good mother she said to him "I'm not giving you money for crack." He tied her up to the bed, barricaded the room, set it on fire, and she suffocated to death. This gives you an indication of the rage and violence that is involved with the denial of money for crack. That's the special terror, now, that senior citizens have. Not only terror from their neighbors or people in the community or from strangers, but from members of their own family who are addicted to crack, from their children and grandchildren.

We even had a case, sadly, of a great-grandchild.

Senator KASSEBAUM. I gather from your comments that you believe a shelter program is one of the top priorities?

Ms. HOLTZMAN. I would not say it's the top, but it is important, because the present shelter system is not suitable for elderly people. In some of these cases they need temporary shelter.

Senator KASSEBAUM. And you get some Federal moneys and State moneys for the programs that you have?

Ms. HOLTZMAN. We get no Federal moneys.

Senator KASSEBAUM. You don't get any Federal moneys?

Ms. HOLTZMAN. No. We have a special unit in my office that deals with these cases. We provide special training for the prosecutors, from psychologists, from——

Senator KASSEBAUM. I mean about the shelter program.

Ms. HOLTZMAN. I don't know the answer to where the funding comes from for shelter programs. I would assume some of it comes from the Federal Government. There is not enough money for shelters right now.

Senator KASSEBAUM. Thank you very much.

Ms. HOLTZMAN. Thank you, Senator.

The CHAIRMAN. Thank you, Senator Kassebaum.

Let me ask one or two more if I might. We are going to release you momentarily.

Ms. HOLTZMAN. Senator, that's quite all right.

The CHAIRMAN. Within your jurisdiction, what would be the average term served in prison or in jail for someone convicted of, let's say, victimizing an elderly person, that might be drug-related?

Ms. HOLTZMAN. We have mandatory minimum sentences. So there is for example in a murder case a mandatory minimum of 15 years in prison to life. And of course if the person is given the maximum sentence in a murder case, it would be a minimum of 25 years, and I mean minimum, no parole, no good time off, nothing. That's the minimum that has to be served. The real problem, I would say, in the prosecution of these cases, is not in getting the sentences, but in getting the elderly people to report and even once they report, getting them to proceed with the prosecution.

The CHAIRMAN. There is a great fear out there, as Senator Heinz has already mentioned. We have found that in trying to get other witnesses today to come forward.

Ms. HOLTZMAN. I think it is more than fear. I think it is shame, I think it's also the tremendous bond of affection between a parent and a child, the real reluctance to see that child go to prison. And, the problem is that with inadequate treatment facilities, there are no alternatives. So many times, the parents or grandparents will say "I am willing to put up with it, I'll give him or her a second chance, rather than see them put in prison." So I would say the problem is not with the sentences, the problem is with the ability to prosecute. The problem is with the willingness of people who are victims of elder abuse to come forward and to cooperate. That's where we need the counseling, the training for prosecutors, the identification of this problem in hospitals and the like.

The CHAIRMAN. How long after the alleged offense occurs does it take to get one of these cases to trial?

Ms. HOLTZMAN. Well, that could be a very long time. Assuming that the elderly person is willing to prosecute in Brooklyn for a murder case, we could be waiting a year. We would be lucky to have it in a year.

The CHAIRMAN. A year. And 9 times out of 10, would that person be out of——

Ms. HOLTZMAN. Not really. I would say most cases of second-degree murder, which is intentional murder—they are not out on bail. There are exceptions, regrettably, but there are.

The CHAIRMAN. Would legislation that had a mandatory minimum sentence for crime committed against an elderly person, say 65 or over, would that help or hurt?

Ms. HOLTZMAN. If we are talking about intrafamily violence, I'm not sure it would make a difference. As I mentioned, the problem is not with getting the sentences once the offenders are convicted, the problem is with getting the senior citizens to report, or the family members to report. I am not sure that those people on crack are going to he deterred by the idea of any kind of mandatory sentence. If the love they have for their own parents is not enough of a deterrent, it is hard to think of how anything else would be.

The CHAIRMAN. Senator Bob Graham of Florida has joined us.

Senator Graham.

STATEMENT OF SENATOR BOB GRAHAM

Senator GRAHAM. Thank you very much, Mr. Chairman. I commend you for holding this very important hearing and I am sorry that I am late, and missed the statement of Ms. Holtzman, for whom I have great regard for what she has contributed in all of the many positions that she has graced with her talent and ability. Mr. Chairman, I am especially pleased that Mrs. Dalton from Florida will be here today, and I look forward especially to hearing about her experience, and her insights and recommendations for action by this Committee and the Federal Government.

[The prepared statement of Senator Graham follows:]

BOB GRAHAM
FLORIDA

United States Senate
WASHINGTON, DC 20510

OPENING STATEMENT OF SENATOR BOB GRAHAM

NOVEMBER 15, 1989

BEFORE THE SENATE SPECIAL COMMITTEE ON AGING

THANK YOU MR. CHAIRMAN.

THANK YOU MRS. DALTON, FOR COMING ON SHORT NOTICE ALL THE WAY FROM FLORIDA TO INFORM THE SPECIAL COMMITTEE ON AGING OF YOUR EXPERIENCES WITH THE EFFECTS OF CRIME ON THE ELDERLY IN MIAMI (PUBLIC HOUSING).

I HAVE READ YOUR TESTIMONY AND YOU CLEARLY OUTLINED SOME OF THE PROBLEMS FACED BY SENIOR CITIZENS, NOT ONLY IN FLORIDA BUT ACROSS THE NATION. DRUGS AND PROSTITUTION APPEAR TO BE THE MOST PREVALENT CRIMES AFFECTING THE ELDERLY IN FEDERALLY SUBSIDIZED HOUSING.

LIKE YOU, I AM NOT SATISFIED WITH THE LEVEL OF PROTECTION OFFERED TO THE ELDERLY.

LAST YEAR I ASKED MY STAFF TO EXPLORE THE IMPACT OF CRIME ON THE ELDERLY. WE CAME UP WITH SOME INTERESTING INFORMATION. WHILE CLEARLY UNDERSTAFFED AND UNDERFUNDED, THERE ARE A NUMBER OF SECURITY PROGRAMS FOR THE ELDERLY IN FLORIDA.

TO NAME JUST A FEW:

- OFFICE OF THE ATTORNEY GENERAL, "HELP" PROGRAM.
- THE WINTER PARK POLICE DEPARTMENT - CRIME PREVENTION PROGRAM FOR SENIOR CITIZENS.
- ORANGE COUNTY SHERIFF'S OFFICE, VICTIM OF CRIME ASSISTANCE LEAGUE,
- THE FLORIDA SHERIFFS' ASSOCIATION LAW ENFORCEMENT - Citizens Suspect Identification educational bookiets
- AND THE NORTH MIAMI BEACH POLICE DEPARTMENT -ELDERLY VOLUNTEER PROJECT

I ENCOURAGE THE DEVELOPMENT OF ELDERLY VOLUNTEER PROGRAMS, FOR THE ELDERLY AS VICTIMS OF CRIME.

I WOULD ALSO LIKE TO EMPHASIZE, AS EVIDENCED IN MRS. DALTONS TESTIMONY, THAT MAINTENANCE OF FEDERALLY SUBSIDIZED HOUSING IS CRITICAL FOR CRIME PREVENTION. AS MANY PEOPLE KNOW, THE DEPARTMENT OF HUD BUDGET WAS REDUCED BY APPROXIMATELY 80% DURING THE REAGAN/PIERCE YEARS. THIS SEVERLY REDUCED STAFFING AND REPAIR OF MAINTAINANCE PROBLEMS. I WILL CONTINUE TO ENCOURAGE FUNDING FOR SECURITY AND MAINTANANCE OF FEDERALLY SUBSIDIZED HOUSING.

I WILL CONTINUE TO PUSH FOR SOLUTIONS TO THIS TRAGIC PROBLEM.

THANK YOU MR. CHAIRMAN FOR HOLDING THIS IMPORTANT HEARING.

The CHAIRMAN. Senator Graham, thank you. We appreciate your attendance and contribution to this Committee.

Are there further questions from other members? We will leave the hearing record open at least 10 days, as some of us may want to follow up and ask additional questions.

Ms. Holtzman, we really do appreciate your coming, and rearranging your schedule, and for your contribution to the hearing today.

Ms. HOLTZMAN. Thank you, Senator.

Senator HEINZ. I just want to emphasize—it is not a question, but I want to commend District Attorney Holtzman for having not only given us some good insights, but for having a very good perception of what it is like for the human beings, not just in Brooklyn but throughout the communities in which seniors and others live. Elizabeth, thank you very much for being a really magnificent witness.

Ms. HOLTZMAN. Thank you very much, Senator. Thank you, Mr. Chairman and members of the Committee.

The CHAIRMAN. Our next witness is a colleague of ours, Senator Mitch McConnell of Kentucky.

Senator McConnell has introduced some legislation that he wants to discuss, S. 1720. He will talk about some specific things that are happening in his home State of Kentucky.

Senator McConnell, one Senator is not supposed to limit another. But I would note that because we have had to rearrange our schedule, we are imposing a time limit on our witnesses, so I know that you will attempt to make your statement so we can move to the succeeding panels.

STATEMENT OF HON. MITCH McCONNELL, A U.S. SENATOR FROM THE COMMONWEALTH OF KENTUCKY

Senator MCCONNELL. I appreciate that very much, Mr. Chairman.

I think what I will do, given the length of my testimony and honoring your request, and also my time schedule, is just touch on the first issue that you mentioned, which is the experience in Louisville, because I fear to cover both areas would require too much of the Committee's time this morning.

I thank you for the opportunity to be here before this Committee. The impact of the national drug epidemic on our public housing neighborhoods is a growing concern and I applaud the Chairman and the Committee for focusing their attention on this issue.

I want to share with you an effort we have made in Kentucky to combat the spread of drugs into our public housing neighborhoods. It is called the "oasis technique." We have instituted it in several public housing neighborhoods since 1986, with particular success.

The oasis technique was developed by the Ft. Lauderdale Housing Authority as a method of controlling crime and improving the quality of life in neighborhoods which have deteriorated. The police, housing, and city officials form a team to select locations where criminal activity and housing problems are clearly related. Then the departments coordinate resources so that the police apply direct pressure to the criminal element with inceased patrols and

law enforcement while housing staff step up physical improvements to the law abiding citizens.

The oasis technique seeks to energize residents to help themselves. It aims to turn around neighborhoods and give responsible residents the opportunity to play an active role in building better neighborhoods. The program establishes a system that analyzes the strengths and weaknesses of the neighborhood, so that a wide range of government and private sector services can be used to reinforce the strengths and minimize or eliminate the weaknesses. The revitalized areas are called "oases."

The oasis process involves a series of workshops that collect and evaluate detailed data that identifies the strengths and weaknesses and crime, both real and perceived, in the neighborhood. After a thorough analysis of the neighborhood, staff establishes a strategy development team that is responsible for creating strategies to deal with the identified problems which negatively impact the quality of life of the residents and to reinforce the positive influences in the neighborhood.

In the fall of 1986, the Housing Authority of Louisville implemented the oasis technique in one of its drug-ridden public housing developments, Sheppard Square. Through the hard work and efforts of the Housing Authority staff, the city administration and the Louisville police department, the Housing Authority was able to successfully implement the oasis technique in this public housing neighborhood.

Oasis has brought about a marked change in the physical appearance of the development and residents' attitudes and perceptions concerning the quality of life in that neighborhood.

The program was so well received that the Authority was awarded $425,000 from the city of Louisville to expand oasis in Sheppard Square in 1988. This program was extended also to public housing neighborhoods in the city of Louisville. In addition to introducing the oasis technique to public housing neighborhoods, the Housing Authority of Louisville developed a 22 point strategy for dealing with the scourge of drugs in public housing.

I highly recommend this "Drug Free Public Housing Strategy" to you and the Committee for your review. I also encourage cities around the country to learn from our experience in my home town. Throughout Kentucky, we have implemented drug-free public housing activities. We have had good success.

This success was recently championed by a local reporter in the "Courier-Journal," our statewide newspaper. In an October 31 article, the paper noted:

> Cotter Homes sits hard by 32nd Street and Young Avenue, an intersection with an unenviable reputation for crime. Once it was labeled the most dangerous corner in Kentucky.
>
> A year ago the law was not well received in Cotter Homes, and it might not have seemed safe to spend a pleasant afternoon sitting on a porch and joking. Least of all joking with cops. What has made the difference since then is Perry, Clark and Edelen, three officers working the project the old fashioned way—on foot.

This request for foot patrols was a direct result of the working groups of the oasis technique. That in essence, Mr. Chairman, is what is going on in that public housing neighborhood.

The second issue, which I will simply insert for the record, is the question of mandatory minimum sentences for crimes against the elderly. I don't have to tell you, because I suspect this Committee knows very well that this particular age group is most likely to be victimized by criminals, particularly around the time the Social Security checks arrive.

In my State, an awful lot of elderly people do not use direct deposit. Their patterns of going to cash the check are well-established, and they are victimized in much greater numbers than others in our society. This bill, S. 1720, which I introduced some time back, essentially establishes mandatory sentences for those who commit crimes against the elderly. I commend it to the Committee for its consideration.

I thank you for the opportunity to be here, and Mr. Chairman, I would like to ask that the full text of my statement be inserted into the record.

[The prepared statement of Senator McConnell follows:]

Senator Mitch McConnell

Testimony

Senate Select Committee on the Aging

November 15, 1989

Mr. Chairman, I thank you for giving me the opportunity to testify before the Select Committee on Aging this morning. The impact of the national drug epidemic on our public housing neighborhoods is a growing concern and I applaud the Chairman and the Committee for focusing their attention on this national issue.

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The Oasis Technique was developed by the Ft. Lauderdale Housing Authority as a method of controlling crime and improving the quality of life in neighborhoods which have deteriorated. The police, housing and city officials form a team to select locations <u>where criminal activity and housing problems are clearly related;</u> then the departments coordinate resources so that the police apply direct pressure to the criminal element with increased patrols and law enforcement while housing staff step up physical improvements to the law abiding residents.

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The Oasis process involves a series of workshops that collect and evaluate detailed data that identifies the strengths and weaknesses, and crime (both real and perceived) in the neighborhood. After a through analysis of the neighborhood, staff establishes a strategy development team that is responsible for creating strategies to deal

with the identified problems which negatively impact on the quality of life of the residents and to reinforce the positive influences in the neighborhood.

In the Fall of 1986, the Housing Authority of Louisville implemented the Oasis Technique in one of its drug-ridden public housing developments -- Sheppard Square. Through the hard work and efforts of the Housing Authority staff, the City administration and Louisville Police Department, the Housing Authority was able to successfully implement the "Oasis Technique" in this public housing neighborhood. Oasis has brought about a marked change in the physical appearance of the development and residents' attitudes and perceptions concerning the quality of life in their neighborhood.

The program was so well received that the Authority was awarded $425,000 from the City of Louisville to expand Oasis to another development in fiscal year 1988. This was extended to the Cotter Homes neighborhood. In addition to introducing the Oasis Technique to public housing neighborhoods, the Housing Authority of Louisville developed a 22 point strategy for dealing with the scourge of drugs in public housing. I highly recommend this "Drug Free Public Housing Strategy" to you on the committee for your review, but I also encourage cities around the country to learn from our experience in this fight. Throughout Kentucky, we have implemented drug-free public housing activities. We have had good success.

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This request for foot patrols was a direct result of the working groups of the Oasis technique.

One area of this problem which I know the Committee will not over look is the impact the drug war has had on our elderly, especially those elderly in public housing neighborhoods.

Mr. Chairman, there are at least 7,000 elderly households living in public housing in Kentucky. Let me share with you the nature of the problem and how it directly affects my senior constituents in Kentucky. Then I want to share some statistics with you from the Federal Bureau of Justice Statistics.

Today, drug criminals prowl the streets, hungry for money to buy their next fix. Senior citizens are choice targets for these addicts: many elderly are creatures of habit -- you can set your watch by the routine these seniors have; especially when their Social Security or pension checks come each month.

Many seniors don't bank their monthly checks -- especially in rural Kentucky. But as soon as that check arrives, most of these seniors begin one shopping trip to see them through the month except for perishables. They take a cab to the grocer, the dollar store, and the drug store for their prescriptions.

The criminals who prey on the elderly know this pattern and thrive on it. Many of these criminals do take money if it is around the apartment, but many times they also will take the monthly supply of drugs which have just been purchased. In many of my small rural coal communities around Kentucky, the black lung illness often times causes more ailments; therefore more prescriptions.

The thief then has a choice. If what has been stolen is not their "drug of choice," then the black market often values these drugs in such a way as to allow the thief to swap for the preferred drug.

Also, while an effort has been made to encourage direct deposit of their monthly checks, many seniors still prefer to have that cash in hand. They usually keep a little cash around and they don't pose a threat to a cowardly criminal.

As our streets become more dangerous and criminals become more desperate, older Americans increasingly will be the targets of vicious crimes.

In a number of respects, crimes committed against the elderly are often more serious than crimes against younger people. More than one out of every two hundred senior citizens is the victim of a violent crime each year. That makes a total of 155,000 elderly Americans who are attacked, robbed, assaulted, and murdered every year--425 each day.

The elderly also are vulnerable targets for muggings, purse-snatchings, and hold-ups. In 1987 alone, 527,000 senior citizens were victims of personal thefts. The Bureau of Justice Statistics notes that:

- The elderly were more likely than those under age 65 to be victimized by a violent crime at or near their homes (45% vs 22%). Those 75 and older were the most likely of any group to be victimized in this location (55%).

- Elderly persons with lower family incomes (less than $7,500 annually) had higher robbery victimization rates than elderly with higher incomes.

- Elderly violent crime victims were more likely than younger victims to face offenders armed with guns.

- Elderly blacks had higher victimization rates than elderly whites.

- Elderly males generally had higher victimization rates than elderly females.

- Elderly residents in urban areas had higher victimization rates than the elderly in suburban or nonmetropolitan areas.

- Elderly renters had higher victimization rates than homeowners for personal crimes.

We need to stand up now in defense of the generation that preceded us. Our parents and grandparents tried to provide us a safe world to grow up in; we must try our best to do the same for them.

Mr. Chairman, as you may know, I recently introduced legislation to protect our Nation's elderly citizens from violent crime.

Quite simply, S. 1720 would ensure a tough minimum sentence for anyone who commits a violent felony against a person aged 65 years or over. It would require the court to give the offender at least half the maximum sentence provided by law, for any first offender; and at least three-quarters the maximum sentence for a repeat offender.

The bill I introduced will put the criminal world on notice that we will not tolerate violence against any person, least of all someone who is elderly, probably on a fixed income, and less able to fight back or run away. For older victims of crime, a violent attack can mean serious injuries--both physical and psychological--that never heal. It can mean the instant loss of a lifetime of savings; and it can tragically shorten the life of a robust older person who is in the prime of life.

I hope, Mr. Chairman, that you and my other colleagues will join me in ensuring that justice is done for those victims of violent crime, and that criminals are effectively deterred from such cowardly, reprehensible acts.

The CHAIRMAN. Your full statement will be a part of the record. Senator McConnell, we appreciate this. Rather than me asking you any follow-on questions, I may pose questions to some of our subsequent witnesses about your oasis program to see if they have heard of that, tried it in their areas, or possibly are using that as a model in some of the neighborhoods that we will be talking about later in the afternoon.

I was wondering if Senator Heinz, the vice-chairman, might have any questions.

Senator HEINZ. First, we are deeply indebted to you for your testimony, and the idea that those people who most need protection, who are most vulnerable, and who have, frankly, the least opportunity, as a group, to recover from injuries they may receive as a result of violence directed against them. Someone in the process of snatching their Social Security check should get a punishment commensurate with the crime.

Some years ago, when I was fortunate enough to be chairman of this Committee, we held a similar hearing on the effect of crimes of violence against the elderly. We documented very clearly that the price an elderly person had to pay in terms of recovery time, in terms of likelihood of ever regaining their mobility, of recovering fully, or partially, as much as a younger person from a disability, was so much substantially less than that of a younger person, that there is a very strong rationale for having a more severe punishment, hopefully to act as a deterrent.

Failing that, a punishment that will take people who prey on those who are most vulnerable away from society for the longest possible time. So I commend you on having done your homework on this issue. I salute you on your bill. I think it is a very important contribution to the debate that we are having here today.

Senator MCCONNELL. Thank you, Senator Heinz.

The CHAIRMAN. Senator Kassebaum.

Senator KASSEBAUM. Thank you, Mr. Chairman. I too, think it is an important contribution to the debate. In talking about the oasis technique and how it is working in Louisville, I would just be interested in your thoughts. I have visited the Kenilworth community initiative here in Washington, which was really a tenant-driven initiative. Its success comes largely through the efforts of one woman, Kimi Gray, who was determined to make it succeed.

It sounds to me as though the program in Louisville was initiated by the police, the managers of the apartment buildings, and the Housing Authority. Have you found that those that work really have to have the commitment, first and foremost, of those who live there? It is very difficult to impose from the top down; does it not work best coming from the bottom up?

Senator MCCONNELL. As you know, Senator Kassebaum, oftentimes in those kinds of projects there is a kind of hopelessness among the residents that leads them to conclude that nothing will work. Once you break through that sense of hopelessness and convince them that things can be better, and do something in cooperation with them, and at the suggestion of those particular residents, such as in this case—it was not all that complicated—a foot patrol.

The particular example I cited was done as a result of surveying those neighbors and their needs, and responding to their sugges-

tions. The net result of that was that it convinced them that requests would be honored, that requests did make a difference. So that sense of hopelessness began to evaporate. The results were astounding.

Senator KASSEBAUM. And they did became very much a part of the process?

Senator MCCONNELL. Part of the solution to the problem.

Senator KASSEBAUM. Thank you.

The CHAIRMAN. Thank you, Senator McConnell.

Senator Graham.

Senator GRAHAM. Thank you, Mr. Chairman. I also want to commend our colleague for his excellent testimony. You mentioned that the oasis technique had its origin in Ft. Lauderdale. I have had an opportunity to familiarize myself with its excellent work there, and the influence it has had elsewhere. The question I have is from your observation of the situation in Louisville, what do you see the Federal role being in encouraging that type of initiative?

Senator MCCONNELL. That's an interesting question. I think oftentimes these initiatives are enacted by people hearing about them, by the word getting around. This forum today is an obvious example of how that word has spread, as to whether it needs to be promoted directly by Federal legislation, that's another matter, it seems to me.

But I think the fact that we are discussing it here today helps to spread the word among housing authorities out across the Nation that this sort of thing can work. After all, as I said, it was the Ft. Lauderdale Housing Authority that developed the program.

The CHAIRMAN. Thank you, Senator McConnell. We appreciate very much your statement and your contribution.

We will call our next panel now. We have heard from Mrs. Holtzman on certain aspects of the drug problems and the impact on the elderly, now we are going to talk about the victims themselves. In fact, we are going to hear from some of the victims.

I will call, Mrs. Elsie Taylor-Jordan, from Alexandria, VA; Mrs. Evelyn Blackwell from Washington, DC; and a constituent of Senator Graham's, Mrs. Rosemary Dalton. We deeply appreciate all of you coming here. We know it has been an imposition on your schedule, and that you have had to make special travel arrangements, especially you, Mrs. Dalton, coming all the way from Miami to tell us about those activities you are involved in.

Mrs. Blackwell, I will call upon you as our first witness. Would that be all right with you?

STATEMENT OF EVELYN A. BLACKWELL

Mrs. BLACKWELL. That would be just fine. My name is Evelyn A. Blackwell. I live on 9th Street, NW. My testimony today will be about senior citizens and the dope situation in our community.

Some people do not agree with me or even own up to their fears, but I will. Number one, I am not afraid of any dope dealer or peddler, or whatever they want to be called. Most senior citizens in our community are just plain scared.

I have talked to senior citizens in the community who are just plain scared. I have talked to senior citizens about dope in their

homes and in surrounding areas, and half of them denied even having a problem. Finances have a whole lot to do with people letting dope dealers and pushers use their homes.

Say you have a senior citizen whose check might be $195, like mine. A person can't pay utilities, taxes, water bill, and buy food with that. So here comes somebody with a proposition, they say "I'll give you $500 a week to use your house." You are going to say "okay." The terrible thing about that is, you may be making money, but you are putting your reputation and your life—especially your life—on the line.

About 3 months ago I was downstairs in my basement getting ready to cook dinner. My kitchen and dining room are in the basement. I heard talking outside my basement door. I went to investigate. I heard the people in front of my basement door making a transaction. I opened the door and said "What the hell are you doing?"

They flew. I went back into the kitchen again, and I was getting mad. So I kept an eye on the outside. Pretty soon, this big ugly man stuck his hand in a crevice in some bricks and pulled out a package. I ran to the door, and said "Look, don't put that stuff on my property." He got nasty, and told me he would put stuff anywhere he pleased.

I really got angry. I opened the door and went up the stairs after him. When he realized I wasn't scared, he got his tail away from my house, and quick, too. I showed him I was not scared. A whole lot of folks would not have tried that. My children worry about me sometimes, because I have a big mouth, and if I've got something to say, I'm going to say it.

These are terrible times we are living in. We have senior citizens who are afraid in their own homes, and afraid to come out. I don't have a solution, except to say that we need to stop being chicken, speak up and speak out.

I'm 70 years old and lived on 9th Street about 25 years.

I thank you for letting me come here today to speak my piece.

The CHAIRMAN. Mrs. Blackwell, thank you for your statement. I think in 1984 you formed a group of individuals in your neighborhood to help protect yourselves from some of these problems.

Mrs. BLACKWELL. We call ourselves the "Elderly Self-Help Group." We meet every Thursday, and talk about ways that we can help one another, and things to do and not to do. For instance, you don't get on the bus and tell everybody your business—how much you have on you, or a raise in your check. Because a crook might be right next to you, and as soon as you get off the bus, he's going to snatch your pocketbook.

There are plain, ordinary, commonsense kinds of things that people don't usually pay attention to when they ought to. As for this dope business, I'm going to tell you something, Senator. We keep talking about dope pushers, and dope sellers. But we need to get on these suckers that are buying this stuff. We've got these great big users that buy kilos, and all that.

If I'm in business, and I'm selling dresses, and nobody wants to buy my dresses, I'm going to go out of business, right? That's what we need to work on, I really believe that. If we go after pushers, that's fine and good. But get those folks who are using the stuff,

because you can't sell a product that nobody is buying. That's big business.

The CHAIRMAN. Mrs. Blackwell, we are going to return to you in just a minute with some other questions about your organization, and some more experiences that you have had.

At this time, I would like to introduce Elsie Taylor-Jordan, who is a resident of Alexandria, VA. Is that correct?

Mrs. TAYLOR-JORDAN. That's correct, Senator.

The CHAIRMAN. She is 63 years of age, and is now caring for her infant great-grandchild, I believe that is correct.

Mrs. TAYLOR-JORDAN. That's correct, Senator.

The CHAIRMAN. This great-grandchild was born with traces of crack in her blood. This is a crack baby, as I understand. I believe that you also have the baby with you today.

Mrs. TAYLOR-JORDAN. Yes, Senator, that is correct. That was her grandmother, my daughter, that just took her out, because she was making noise, but I won't apologize, because noise is something new to Ashley. She hasn't always been able to make a sound. So it is exciting to her that she can do that.

The CHAIRMAN. We share in your moment of pride. Well, maybe she sees the TV cameras on. Maybe she'll be a star one of these days. We want to salute you for your courage in coming today, and we would like to call on you right now to give your message.

STATEMENT OF ELSIE TAYLOR-JORDAN

Mrs. TAYLOR-JORDAN. Thank you, Senator Pryor. I thank you for the opportunity to be here, and I am happy to do what I can to help alleviate the problem.

My great-granddaughter, Ashley, was born on June 14, 1988, premature at 2 pounds, with crack cocaine in her blood. Because of respiratory and other problems, she was placed on a respirator and remained in the hospital until August 1988. She was born with these problems because of her mother's drug use and because she received no prenatal care.

During her long stay at the hospital, Ashley was visited only a few times by her mother. Before being released, because she had to remain on the heart monitor, infant CPR training was required by her primary caretaker. These classes were attended by the mother, and the paternal grandmother, who is my daughter, Harriet Wanzer.

Upon Ashley's release from the hospital, her grandmother, Harriet, took the mother and the baby to her home to live in an attempt to give some guidance, direction, and a sense of responsibility to Ashley's mother.

It was the recommendation of the hospital that Ashley live in a stable environment, and that she not live alone with her mother. After being home for 2 weeks, Ashley began to have breathing problems. She was diagnosed as having scar tissue around her air passage, and was admitted to Children's Hospital for a tracheotomy.

Her mother had to be constantly urged and demanded to visit Ashley in the hospital and attend classes to learn how to care for the trach tube. These classes were also attended by the paternal

grandmother, Harriet. It was required by the hospital by both individuals prove separately that they could provide proper care for Ashley. Because of the trach, Ashley could not make any sounds, and she had to be suctioned and given sharp blows to the chest and back to relieve the mucus.

Upon Ashley's release from the hospital in September 1988, they returned to the home of the paternal grandmother, my daughter Harriet. Necessary equipment, including a heart monitor, oxygen tank, suction machine, ambul bag, and a mist machine were placed in the home.

On December 7, 1988, Ashley was abandoned by her mother, because she decided once again that she did not want to have the responsibility of being a mother and that it was more important for her to party with friends. In other words, being able to use drugs whenever she wanted was more important than caring for her child.

I would like to explain exactly what happened. Ashley and her mother went to the maternal grandmother's home to visit. When Harriet went to pick her up, no one knew where the mother was. The mother was the only one in the home who knew how to care for Ashley. We don't know how long she had been there without any supervision, but she was found alone in a smoke-filled room. The only people who were home were drinking.

It should be noted that the mother had abandoned three other children. Two are in the custody of the maternal grandmother. The other is with Harriet, my daughter, the paternal grandmother. Ashley's sister, whom Harriet has custody of, was born prematurely at 5 months, and weighed 1 pound. This baby was abandoned at birth, left in the hospital and never visited.

That day, the great-grandmother, which is me, went to get Ashley to take her back to my house. While I was there, the mother returned, intoxicated, and stated that she would not return to Harriet's with Ashley because she wanted to have fun and party. I brought Ashley home and her father, who is my grandson and lived with his mother, came to my home and brought the necessary equipment needed for the baby to stay overnight.

The next day I went to stay with my daughter because she couldn't care for both babies alone. Ashley's condition required constant, round-the-clock care and monitoring. This care included changing trach ties every day, which required two persons. Also, changing the trach once a week required two persons.

A court hearing was held and Ashley was placed in the custody of Social Services, with physical custody awarded to her grandmother. Social Services was directed by the judge to find appropriate temporary foster care for Ashley until such time as Harriet could care for both babies.

Because of Ashley's medical condition, and the training and knowledge required to care for her, a qualified foster parent could not be found right away. Subsequently, in January 1989, she was placed in the Hospital for Sick Children where she remained until March 1989. I visited her daily, because I had decided that I would care for her upon her release from the hospital and take temporary custody.

I had recently retired, in September 1988, and I had to make dramatic changes to my lifestyle in order to provide a home, love, and care for Ashley. I have had to forego my involvement in civic affairs and politics, and church activities, in which I have been involved all my life.

I attended all classes of trach care and infant CPR that were required for her release. Ashley has been in my home since March of this year, and progressing beyond the expectations of the doctors and the nurses.

Ashley's mother has not seen nor made any attempt to see her, since December 7, 1988. Ashley is certainly luckier than most babies in her situation. When I used to make my daily visits to the Hospital for Sick Children, there were lots of crack babies there with no visitors, and no one to care for them when and if they ever left the hospital.

In closing, I would like to state that I made every effort to have her mother prosecuted through the Commonwealth's Attorney because of her life-threatening situation she was left in. However, the attorney adamantly refused to prosecute, because he felt no criminal act was committed by abandoning Ashley in a life-threatening situation.

Also, I feel personally that the social worker assigned by Protective Services proved to be incompetent and uncooperative. Although she knew that I wanted to care for Ashley after she left the hospital, she attempted to place the baby in foster care in both Richmond and Roanoke.

I think my daughter has returned with the baby. I hear her in the background.

The CHAIRMAN. We are glad that she is responding and responding well. I introduced you as a courageous woman; I would like to add that not only are you very courageous, but also extremely caring. Ashley is very, very fortunate to have someone like you, and your daughter who care.

Let me come back in a few moments to you, Mrs. Jordan, and let's go to Mrs. Dalton, from Miami. Mrs. Dalton, you have quite a story, and you have traveled from the longest distance here at this table. We welcome you to the Special Committee on Aging.

Excuse me, I didn't see Senator Warner come in. Welcome, Senator Warner.

STATEMENT OF SENATOR JOHN WARNER

Senator WARNER. May I welcome my constituent. I apologize for being late.

Mrs. TAYLOR-JORDAN. I didn't see you come, Senator.

Senator WARNER. I have been at other hearings. We welcome you.

Mrs. TAYLOR-JORDAN. Thank you.

The CHAIRMAN. She has given some eloquent testimony this afternoon, Senator Warner. I know that Senator Kassebaum and Senator Graham will agree. We will go to Mrs. Dalton, and then we will have some questions of our panel.

[The prepared statement of Senator Warner follows:]

John Warner

SENATOR JOHN WARNER

STATEMENT

NOVEMBER 15, 1989

HEARINGS BEFORE THE SPECIAL COMMITTEE ON AGING

"OUR NATION'S ELDERLY: HIDDEN VICTIMS OF THE DRUG WAR"

MR. CHAIRMAN, SENATOR HEINZ, THIS AFTERNOON WE ARE TO HAVE OUR EYES OPENED TO A SEVERE PROBLEM FACING SOME OF OUR NATION'S MOST VULNERABLE OLDER AMERICANS.

THE PROBLEM IS ELDER-ABUSE BY THOSE INVOLVED IN DRUG-ABUSE. THE HARD FACTS ARE THAT IN MANY HOUSEHOLDS, OLDER RELATIVES ARE BEING VICTIMIZED BY THE VERY YOUNG PEOPLE THEY HAVE RAISED FROM THE CRADLE.

THE OVERWHELMING COMPULSION FOR DRUG-MONEY LEADS TO TRAGIC SITUATIONS EVERY DAY IN WHICH GRANDPARENTS ARE FORCED TO GIVE UP THEIR HARD EARNED SOCIAL SECURITY AND PENSION INCOME BY RUTHLESS YOUNG ADDICTS AND DEALERS, BLINDED TO FAMILY COMPASSION AND COMMON DECENCY.

THE COMMITTEE HAS BROUGHT TOGETHER A DISTINGUISHED ARRAY OF WITNESSES TO SHARE WITH US A BROAD PERSPECTIVE ON THE ISSUE.

WE ARE GOING TO HEAR THE STORIES OF ACTUAL VICTIMS, OF THE CHALLENGES FACING LAW ENFORCEMENT OFFICIALS, AND THE PROBLEMS PRESENTED FOR LOCAL COMMUNITY SERVICE PROVIDERS.

IT IS A SPECIAL PRIVILEGE TO WELCOME ONE OF MY CONSTITUENTS TO THE COMMITTEE TODAY, MRS. ELSIE TAYLOR-JORDAN OF ALEXANDRIA. MRS. TAYLOR-JORDAN WILL SHARE WITH US THE SITUATION IN HER HOUSEHOLD IN WHICH SHE HAS TAKEN ON THE RESPONSIBLITY OF CARING FOR HER GREAT-GRANDCHILD, BORN ADDICTED TO CRACK COCAINE.

MRS. TAYLOR-JORDAN IS REPRESENTATIVE OF A GROWING POPULATION OF OLDER AMERICANS WHO ARE ASSUMING THE ROLE OF PRINCIPAL FAMILY CAREGIVER AT THE VERY TIME IN WHICH THEY SHOULD BE PREPARING TO ENJOY THEIR GOLDEN YEARS.

THIS WILL BECOME MORE AND MORE OF A PROBLEM AS DRUG-ADDICTED YOUNG ADULTS CONTINUE TO BE OVERWHELMED BY THEIR CIRCUMSTANCES AND REJECT THEIR TRADITIONAL FAMILY RESPONSIBILITIES.

MR. CHAIRMAN, I COMMEND YOU FOR CALLING THE ISSUE OF ELDER-ABUSE IN THE DRUG WAR TO THE ATTENTION OF THE COMMITTEE.

THE VICTIMS OF DRUG ABUSE ARE NOT ONLY TO BE FOUND IN BACK ALLEYS - - THEY ARE ALSO TO BE FOUND IN THE HOMES OF OLDER AMERICANS, FRAIL AND DEPENDENT ON FAMILY MEMBERS WHO HAVE ABANDONED THEM, LANDLORDS WHO IGNORE THEM, AND SOCIAL SERVICES WHICH CANNOT REACH THEM.

IT IS OUR ROLE TODAY TO HELP FOCUS PUBLIC AWARENESS ON THESE PROBLEMS AND HOPEFULLY TO RECEIVE GUIDANCE ON THE PATH TO SOME SOLUTIONS.

The CHAIRMAN. Mrs. Dalton.

STATEMENT OF ROSEMARY DALTON

Mrs. DALTON. Thank you very much. Please bear with me, I have had a throat problem.

I am just a plain-talking person who lives in public housing in Miami, FL. I am here only to represent the elderly in my building, and tell you what they would say if they could be here. While I'm the president of the Parkside Tenant Council, I'm afraid and sick and tired just like the rest of them.

Our project has 62 apartments in two buildings, one around the corner from the other. We have four floors in each building and elevators that work most of the time. We have open-air walkways on each floor. We have half of a fence around the two buildings which has not been finished for 5 years.

I have spoken many times with the doctors and nurses in the HMO's. They say the dope in the building has the senior citizens frightened. They stay closed in and are afraid to come out. When they stay in they get stressed.

The doctor says when they get stressed it causes their blood pressure to go up and they get heart problems and other kinds of health problems. They get frightened from that, also. This causes many problems with the doctors, and they visit more than is necessary.

The young people living in the building have many young friends that come into the project. Many of the young people have mental problems and they take advantage of the elderly living in the project. When their friends come in, the senior citizens are frightened because they are strangers. We don't know what they will do, we don't know if they are dope addicts or what.

Some of the elderly and young people know they are bringing in dope addicts. Sometimes these addicts stay in the projects 2 and 3 weeks at a time.

In the early evening when I've got my door open to try to get a little breeze in my apartment, I see a steady stream of young people who don't live in the project go up the elevator outside my door. I know where they are going, because this one man lets them use his place to do crack.

Sometimes the prostitutes get in there and if your door is open, they will walk in on you. They get going, carrying on all night sometimes, also.

You can smell the ether, and they make so much noise you can't sleep. They knock on your door and ask for food or money. Sometimes the prostitutes stay with some of the elderly men for days at a time. I went to borrow a shopping cart the other day, and there was a prostitute lying on the bed naked. This man is 89 years old.

Security as it stands right now can't do anything but write them up. I think that information is supposed to be given to the manager, but I don't know if it is. It seems like security has not been very effective. I hope this new man, Mr. Phillips, is going to do something about that. Maybe you can help him.

What we really need is a policeman who, when he comes in and sees the dope addicts, can arrest them on the spot and get them

out. After all, we live only two blocks from the city of Miami police station.

Many times I've talked about getting transferred to another project that's safer, but I don't think any of them are that safe. Even if I did transfer, I would be leaving behind all my family. We may not be related by blood, but we're all that we have to protect each other and care for one another.

Some of us are able to go shopping and we try to get for ourselves and for those who can't get out. Sometimes we all chip in and someone makes a good pot of soup. We like to sit out under the trees on our benches to eat and enjoy ourselves as we do not have a lunchroom. The dope addicts come from the apartments where they are staying and physically threaten us.

One early evening, we were out enjoying ourselves for a change and up comes this prostitute from the building. She pulled out a gun. I had to tell everybody just to go inside and lock up. It should not be this way. We finally have some fun and one of them comes along and spoils it. The senior citizen should not be bothered like that.

I would like to say thank you for giving me the opportunity to express for myself in my own words and to bring attention to the plight of the senior citizen in public housing.

I thank you all.

The CHAIRMAN. Mrs. Dalton, I know all of the tenants in your particular facility are in your debt for coming here to Washington and speaking for them.

Mrs. DALTON. They were very glad to have the opportunity.

The CHAIRMAN. We appreciate so much your coming. Let's see if Senator Kassebaum might have any questions at this point.

Senator KASSEBAUM. Thank you, Mr. Chairman. I will yield some time. I know Senator Warner has questions he would like to ask of Mrs. Jordan. I found the testimony very impressive. I know that it was a special effort to come and testify. It certainly helps to better understand some of the real difficulties and tragedies that you face, not only within family, but neighborhoods. Thank you.

The CHAIRMAN. Senator Graham.

Senator GRAHAM. Thank you very much, Mr. Chairman. I share your and Senator Kassebaum's very strong positive feeling about the folks who have come to share their experiences with us today.

I would like to ask a question about an issue that is a significant Federal responsibility, and that is seeing that our Nation's investment in public housing is maintained, and repaired. I know that in addition to the effect failing to repair has on the quality of the places people live, it also tends to invite the bad element to come in if they see a place that is run down, and not well kept up.

Could you tell me what the situation is in your neighborhoods in terms of how well the projects and individual units are being maintained?

Mrs. TAYLOR-JORDAN. In Alexandria, the projects are being kept up. I would not say they are up to par, but they are being kept up. What distresses me most is that they are evicting those persons who are found guilty of drug trafficking in public housing.

I have no real problem with that, but we have several houses that are boarded up in public housing, and they are always talking

about how long the waiting list is. I cannot understand why, when a tenant moves out, that unit is not repaired and made ready for someone else to move into. I am deeply concerned about that.

I am also concerned about the fact that the drug problem is so severe in public housing. I think I would attribute part of that to overcrowding in the units. You may have a unit where there is supposed to be one family, one family will move in, but eventually an older child comes in, the grandchild comes in, and the house is overcrowded. I think they should keep a better view on that.

One other concern of mine is that in Alexandria, I know we have a social services staff with our public housing. I don't see that they are playing their role. There are persons in public housing who have been there since we have had public housing. Public housing should be a stepping stone. I have lived in public housing. I moved out of public housing and bought a house.

Alexandria has a home owner's program of its own, and I cannot, for the life of me, see why the social services staff in our public housing department is not preparing some of those families to move out on their own into this home ownership program, and take advantage of it, when some of them are paying nearly $1,000 a month rent in public housing. I think this is ridiculous.

Senator GRAHAM. Mrs. Dalton, I would be interested in your assessment of the situation in Miami.

Mrs. DALTON. In our project, and in the housing in Miami, they are not kept up. But that is not our problem. Our problem is what she said, they will rent an apartment to an elderly person—my project is supposed to be from age 62 up. They rented to the disturbed people, young people, and they brought in a large number of people that the young and elderly people are frightened of.

We need a police protection. We don't see a police officer, although we live within two blocks of the police station. They drive in and they drive out. If they are assaulting a senior citizen in the building and we call the police, they don't arrive in time.

We need security. We have security guards that they call security aides. But they have no power. The people just come and go by the dozens and they write up their names, take them to the manager—sometimes they take them to the manager, I don't know whether she gets them or not. She says "I'm going to do something about it."

It takes them 6 months to a year sometimes to evict a dope addict they have caught with the dope in the project. We have an old man I spoke of here that is 89 years old. He takes a dope addict off the street in his apartment, they will be in there all night processing dope, he doesn't even realize it. His mind is confused. He keeps them in there all night and all day.

They spread out through the project. They break in when we're gone. They take our stuff.

I have been there 6 years. One man had his grandson living with him. That grandson has been there all 6 years causing trouble. Housing could not do anything, they claimed. He was digging through the wall when they finally got his grandfather evicted, and had a hole through the wall in his grandfather's apartment open to the other lady's apartment, in her closet. If we had not gotten him evicted when we did, this lady would have lost everything she had.

Our problem is that it takes so long for the evictions. When we call the management, they come over and see this with their own eyes. But they ignore you. We have a manager now that claims she is trying to do everything she can do. I am sure that she could do better. They take so long to fix up the apartments and rent them.

We have had six men working in our project for 7 weeks on three efficiency apartments. You will see them sitting around, they go away, they come back, they come downstairs, they go to the bars, they do everything. The people are waiting for the project and they will say there is a waiting list.

I am waiting to be transferred off the first floor because it is not good for me to be there, where everyone comes in from the lobby. I have been waiting for about a year to get transferred. Some of these apartments are empty. So why does it take so long? I don't understand.

Mrs. BLACKWELL. I agree with Mrs. Dalton. And there is another thing. We have a lot of social service workers who really are incompetent. And I have always advocated that those persons who wish to be social workers and help us also be required to take courses in gerontology.

Because if you don't die young, you are going to get old. And if you don't understand the process by which we grow old, and the things we have to go through—for instance, I am 70 years old.

The doctor says I am dying of cancer, but he doesn't know everything. I am considered to be a frail elderly person. I may be frail in body, but I don't know so much about that either. It's the don't-care attitude, an arrogant attitude, they talk to us like we are children when we go for services.

I have to take some of my clients to services. The attitude we encounter—elderly people just don't want to go. They definitely don't want to go to court. The district attorney will talk to them like they are kids, and they are considered to be senile.

That's why you have so many senior citizens who will not go and prosecute anybody. It's the way they are treated. We need to do something. People who are supposed to be helping us either need to be trained or fired, or something, and get somebody who is competent and who will listen to us. All of us are not senile.

The CHAIRMAN. Thank you, Mrs. Blackwell.

Senator Graham, did you have another question?

Senator GRAHAM. No.

The CHAIRMAN. Senator Warner.

Senator WARNER. Thank you, Mr. Chairman. These witnesses are approaching—and I emphasize approaching—their golden years of life and to have to assume these heavy burdens at the time when you should be receiving your justified rewards is very difficult. We are here to help you.

Early on in my life I was an Assistant U.S. District Attorney. I worked a great deal with the police departments. Now I have gone back to relearn, because it has changed so much. I am now in the evenings riding with police officers in these problem areas that are known to be riddled with drugs.

I am interested in Mrs. Jordan's assessment of how the police are handling the situation. We had a tragic loss of a police officer in Alexandria this year. Everybody is trying to buckle down in that

area now, and do the best they can. I think they are doing a good job, but I would be interested in your impression of how the police officers are dealing with the drug problems in your neighborhood.

Mrs. TAYLOR-JORDAN. I think the police are doing as well as they can do. The crack situation is so different from other drugs, as when we had the heroin epidemic. We must realize that crack is a psychological drug. It goes straight to the brain. You never get the same high. They call it the "ghost" drug.

They are always looking for that first high, and that's why they continue to use the crack, looking for that first high. The high does not last long. You have to keep on going, searching for something that you are never going to find. I am not sure that the police fully understand the actions and reactions from these new drugs that are coming out on the street.

Senator WARNER. I don't think it's just the police, I think it's the medical fraternity, as well. And everyone else.

Mrs. TAYLOR-JORDAN. That's correct.

Senator WARNER. I think it's important that you feel the police are trying to do the best they can.

Mrs. TAYLOR-JORDAN. I really believe they are.

Senator WARNER. Mr. Chairman, I am going to ask that a copy of this record be provided to this Senator, and I am going to forward it to the Mayor of Alexandria. I think the mayors of these local communities could benefit, as we do, from the testimonies of these witnesses.

I have one last question. Each of you have seen a good deal of life, its bright side and its sad side. In my learning experience recently, particularly with crack, I am told that young women, many of them young black women, are particularly susceptible to crack, in other words, more so than almost any other drug.

Do you find that more and more young women are being overcome, and overwhelmed with this drug and thereby having to unconsciously abandon their family responsibilities, more so than the young men?

Mrs. DALTON. Oh, yes. We've seen more women.

Mrs. TAYLOR-JORDAN. Oh, yes.

Senator WARNER. Why do you think this particular drug seems to target young women rather than a balance between men and women?

Mrs. TAYLOR-JORDAN. This drug is cheaper than the other drugs. You can buy a $5 ball and you can break that ball down and make about $25 off that ball. A woman can use her body and trade it for crack. That's why the women are more involved now, than they have been involved in the other drugs.

Senator WARNER. Could they have done that with cocaine?

Mrs. TAYLOR-JORDAN. Let's remember that cocaine has always been the rich man's drug. Cocaine is much higher in cost. So they take that cocaine and break it down, cook it and whatever else they do to it, then sell it in these little crystals.

Senator WARNER. I am familiar with the process.

Mrs. TAYLOR-JORDAN. You can buy it much cheaper. So that's why we have so many youngsters out here selling it. You didn't see youngsters out here selling heroin. But that's the reason. It's because of the availability. You can get it anywhere.

Senator WARNER. I understand that the young people are drawn in because of the economics. But I come back to this question of why more women than men are susceptible to the crack problem. Would you care to address that, Mrs. Dalton?

Mrs. DALTON. I really don't know.

Senator WARNER. But it is a fact?

Mrs. DALTON. It is a fact. I notice in the park across from our project that we are getting many, many women coming in to sleep in the park, and very few men. When the lunch truck comes at night, it comes right in front of our project, I notice now in the last year there are more women at the truck in the park than there are men.

I notice that the ages of the men are older than they were last year. The men now are from 30 on up, 28 on up. They are not the 17- and 18-year-old men that I noticed last year. The average woman I have seen on crack is about 21 up, not the teenagers. They are adults, that have children, that are on the crack and have abandoned the children and families. I have not been able to understand this.

Senator WARNER. Senator Pryor, I have taken more than my share of time. But I would appreciate it if Mrs. Blackwell and Mrs. Jordan could add a little testimony.

The CHAIRMAN. Sure.

Mrs. TAYLOR-JORDAN. One other thing we must remember is that crack is more addictive than heroin. Women used heroin also, but they could use heroin two or three times and decide that they did not want any more of it. They could leave it alone. It was much easier to get off heroin.

But crack, after one or two times, then you are addicted. So they cannot get off it. Therefore, the women get on it with the intention of not being like their friends, just to use it a couple of times, then stop. But they find out they cannot. The more of them that have this idea, the more that are hooked. That is one of the reasons. It is a more addictive drug than the heroin.

Senator WARNER. But it would be equally addictive from a physiological standpoint to the male as the female, would it not be?

Mrs. TAYLOR-JORDAN. Yes.

Senator WARNER. The addiction treats both sexes equally.

Mrs. TAYLOR-JORDAN. Yes, that's right, but like I said, with the heroin, they could use it two or three times and stop. But with the crack, you become addicted right away, and you have got a habit. And you will do anything that you have to do to get it.

It is not like you can use the crack and then sit back, lay back for 3 or 5 or 6 hours, and you still have your little high. With the crack high, it does not last. So you have to find a quick way to get it, and with a woman, the quickest way is her body. So these women get addicted, then go out and start tricking to get crack.

Mrs. DALTON. That's what I see in the parking lot.

Mrs. TAYLOR-JORDAN. The drug is more addictive and you get addicted before you even know it.

Senator WARNER. Thank you.

The CHAIRMAN. Senator Kassebaum.

Senator KASSEBAUM. Mr. Chairman, just briefly—I would like to ask Mrs. Blackwell a question. You mentioned the self-help group,

and I want to follow up a little on the law enforcement issue. Have you, as a group, when you have sensed a problem in your neighborhood, have you called law enforcement? Is there a cop on the block, so to speak, that you can relate to?

Mrs. BLACKWELL. Yes. In fact, I live in the third district, and I have had a wonderful response from them. All I have to do is say "It's Mrs. Blackwell." Sometimes I threaten them and say "If you don't come, I'm going to have the Washington Post or Channel 4 or Channel 5 down here," that kind of thing. Just a little intimidation, it doesn't hurt.

Recently, about 6 months ago, at 9th and N Streets, it was so packed I couldn't get through. I was not sick enough then that I could not work. I used to get furious because they would just stand there and not even let you through. I would say "Move out of my way, I'm going to work." Some of them would say "Oh, no, look out, here comes Ma Blackwell."

So I just got tired of that. There were about 10 of us that said we were going to get rid of the business on that corner. We went out and sat on the curb and looked stupid, we would just sit there. Finally, they would walk around, rolling their eyes, and finally realized we were not going to move.

We also kept calling the third district police, worrying them to death, and finally that corner is clean as a whistle now.

Then I talked to the merchants. I got angry with the grocer up on the corner. I said he should stop letting them hang out in that area. Because none of the rest of us were going to go in there to buy anything if he did not keep them out.

I have a lot of apathetic people in my community. I even get scolded. In fact, I got a good talking-to for coming down here this morning, but it didn't make any difference. A lot of older people are crisis-oriented. They won't do anything until it's a crisis situation. That's what my group is trying to fight.

Senator KASSEBAUM. It is not just age, Mrs. Blackwell. Crisis motivation shows up in a lot of younger people too.

Mrs. BLACKWELL. That's true, but you can't just sit back. You have to do something. You can't let these criminals and dope pushers take over our city. After a while it will look like Dodge City, all of us peeping out the doors and they will be fighting in the streets. It's disgraceful.

We were in the soup line at the Salvation Army today. I counted 15 young girls I knew were on crack and pregnant. I wanted to cry. You could tell the ones that were using. I can always tell the ones who are using heroin and the ones that are using crack.

Just like Mrs. Taylor said, they are belligerent. But you can always tell when they are using that crack, rather than some other kind of drug. Because they are so belligerent, it does something to them, makes them want to fight.

Senator KASSEBAUM. Thank you very much.

The CHAIRMAN. Mrs. Blackwell, Mrs. Dalton, Mrs. Jordan, the three of us have to go and vote. We are having a vote at this time, we are in the last bell. So we only have about 6 minutes to get to the Capitol. We are going to excuse this panel, but only with our heart-felt thanks for being here today.

With what you have said, you have helped to open our eyes, you have helped to enlighten us and we hope that this enlightenment will certainly result in some changes. We will do our very best. We want to thank all of you. I will rush back for our next panel. I know one of our panelists has to catch a plane in a moment.

Mrs. TAYLOR-JORDAN. May I ask you to give one thing some consideration?

The CHAIRMAN. Yes, please.

Mrs. TAYLOR-JORDAN. The possibility of these women who give birth to these crack-addicted babies being charged with child abuse or contributing to the delinquency of a minor.

Mrs. BLACKWELL. Amen.

The CHAIRMAN. By the way, let me ask you to submit any suggestions to this Committee at any time, on any thoughts you have. I know the vacancy issues in apartments and housing has risen today, and I think that is one we did not delve into enough. But anything that you have to submit, to the Special Committee on Aging, we would receive that gladly.

Mrs. TAYLOR-JORDAN. Thank you so much.

The CHAIRMAN. You have our gratitude.

[Recess.]

The CHAIRMAN. Ladies and gentlemen, on our next panel—I apologize, I tried to make it back as quickly as I could—on our next panel, we are going to hear from two law enforcement personnel.

Our first witness is Mr. Eric Straughter from Boston. Mr. Straughter founded Straughter Associates, a private security agency which is under contract with the Massachusetts Housing Finance Authority to provide security in their projects.

He will be followed by Sergeant Robert Crawford of the Oakland, CA, police department. Sergeant Crawford began the Beat Health Unit which was formed in conjunction with local service and governmental agencies to close crack houses.

We want to thank both of you witnesses today. Mr. Straughter we welcome your statement.

STATEMENT OF ERIC STRAUGHTER, PRESIDENT, STRAUGHTER ASSOCIATES

Mr. STRAUGHTER. Thank you, Mr. Chairman, for inviting me here today. I am not big on public speaking, but I can attest to all the statements that went on before me. I think we fully understand the magnitude of the problem that is facing the elderly out in the housing developments. What I would like to do is address a possible solution that has been working for us in Boston, MA.

Early this year, the Massachusetts Housing Finance Agency, under the direction of Marvin Slifinger and Eleanor White, put out a bid for security services for their properties. They were investing $80 million in these projects for rehabilitation.

One of the outcries of the tenants in those developments was that if you weren't going to give them added police protection and security, then there was no sense putting in the $80 million because in another 3 or 4 years, it would look as it did at the present time.

At that point they began to subject requests for bids to provide security on these developments.

Based on my years of experience, both in the law enforcement field and in the security field, I had some discussions with them and informed them that we have seen over and over again the results of taking a man or a woman, putting them in a uniform and calling them a security officer, and putting them in a location. We can document over and over again that in these cases, that is not going to work.

Security must have a more effective tool in order to be effective in the developments they are being required to secure. One of the things we discussed was the possibility of arming the security guards and giving the security guards police powers. Of course, because of all the liability situations and the things that go on, people are not really in tune with that kind of thinking.

But the MHFA, through Marvin Slifinger, had experience with security guard systems that were ineffective because they did not have the kind of tools they needed to be effective in the development.

So they bought the security company, together with the Boston police department. We sat down at a table, and defined the turf. We decided what the security agency would and would not do. We decided what the security service could do. We decided what kind of information the security service would feed to the Boston police department.

As you know, the police department gets an enormous amount of calls. In most cases, they get so many calls they have to prioritize them, and they don't have the manpower to answer all of the calls that come in to them on a daily basis. Therefore, they become a response unit.

With us as a security outfit, with those kinds of powers, on a daily basis in the developments we work in, we go through the buildings every day from the basement to the roof, floor by floor. We make notes of what apartments are vacant. We make notes of what apartments have heavy traffic. We take down car plate numbers. We funnel that information to the police department, which enables their drug units and their investigative units to do further research.

The CHAIRMAN. Mr. Straughter, pardon me. At this moment I have two committee chairmen calling me from the Senate Floor. I am going to speak to them just shortly. I am a lot more interested in what you have to say than what they might have to say, but if you will pardon me one moment.

[Recess.]

The CHAIRMAN. Please continue. I apologize to you.

Mr. STRAUGHTER. So what happens is, given the fact that we can go through the buildings from the basement to the roof on a daily basis, we can gather numerous amounts of information.

The CHAIRMAN. Now, do you have guns that are loaded, and do you have arrest power?

Mr. STRAUGHTER. Yes. We have arrest powers and we have guns. My men go through 70 hours of training.

The CHAIRMAN. Through 70 hours?

Mr. STRAUGHTER. Yes, 40 of those hours, through the grace of the police academy and Mr. Micky Roach, happen at the police academy, where they are thoroughly taught on the deadly force rule and

the rule 400 which governs the special officers in the city of Boston, and they have to pass the criminal justice firing course, as well as the Boston police firing course.

The CHAIRMAN. How are you and your employees compensated?

Mr. STRAUGHTER. We get paid on an hourly basis, as is every other security company. The MHFA initially paid for all of the training that went on through the Boston Police Academy, and I paid for all of the other training in addition to that. We get paid on an hourly basis.

The CHAIRMAN. But your income is derived from the Housing Authority, or from what source?

Mr. STRAUGHTER. From the Massachusetts Housing Finance Agency. What they decided is that since they were investing the money, they wanted their investment protected, they took a portion of the money and set it aside for security. They hired the security force. We report directly to them, rather than to the individual management companies.

The CHAIRMAN. So every day, you and your people go on every floor of these complexes?

Mr. STRAUGHTER. Yes.

The CHAIRMAN. Okay, please continue.

Mr. STRAUGHTER. What we do is jot down information from a criminal point of view as I was saying—enormous heavy traffic, cars, suspected dealers, domestic situations, if there is a vacant unit that is open and being used for a crack house, if there is a broken lock on the front door, and give this information both to the management company and MHFA, and to the police department. So we are a resource, as well as a protection for the citizenry, we are a resource for those three agencies.

Just the other day, we found a situation—because we go through the building—we found a man doing physical harm to his girlfriend or wife in the building. Because we were in the building, we were able to go in and respond to the noise we heard, investigate it, and arrest him for assault and battery with a dangerous weapon and possibly saved her life.

I think that what needs to happen is that if we are going to pay for security and have security in there, we really need to encourage both the Federal Government, and industry itself, the Governors and mayors of the cities, to force the industry to upgrade itself and become an effective part of helping to solve this problem. We can be, because we can be the eyes and ears for those already overburdened agencies that are out there.

The CHAIRMAN. Do you feed all this information into the police department?

Mr. STRAUGHTER. To the police department, the Massachusetts Housing Finance Agency, and the management teams that manage the properties. It is helpful to the tenants, because when we see situations we consider to be a safety hazard, we bring it to the attention of the management teams, and if they don't respond, we take it to MHFA, and they make the management teams respond.

So it becomes an effective tool in that way for the people in the development. As we have already heard over and over again, in terms of the youth and the drug dealers and those folks that are out there intimidating the people that live in the building, we are a

visible force on a continuous basis that those folks have to deal with. They understand that we are not just people in a uniform that cannot be effective—that we have the power and the backing of the police department to deal with them instantaneously.

[The prepared statement of Mr. Straughter follows:]

Straughter Associates

Written Statement of Mr. Eric Straughter
November 1989

To: The Senate Special Committee on Aging

Dear Mr. Chairman:

The "golden years" are the dessert of life, the reward for a lifetime of hard work and contribution, an honored and revered position in many societies. This should be the time where all the experience gathered is sought for counsel by those to whom the torch has been passed. But currently, the elderly in our society live in fear for their lives. No longer are they able to defend their lives, their families or their property and no longer are they able to walk the streets as honored citizens. The pervasive drug problem and the absolute lack of respect by the young have declared open season on the senior citizen.

It need not be that way. When a security company can use the wisdom of the elderly population to the best advantage in defending them, we can turn the tides and make elderly housing safe and peaceful once again.

Elderly housing is beset by a myriad of problems which can be solved by no one party. It will take a joint effort of residents, administrators and police and security officials. We propose that this approach be implemented, as it successfully is presently being done, by Straughter Associates.

Our approach is to organize those whose lives are most effected by the offending condition. A successful solution to chronic public housing problems must be a team effort the components of which are:

• Community support - The neighboring community often suffers from the spill-over of criminal activity. They are the home owners who are the bedrock of the community and they must be consulted in the initial research of the assignment.

• Management support - Our officers must establish full communication and cooperation with management to assess problem areas and devise security strategies. Offenders must be subject to legal evictions once identified and convicted. Victimizers of the elderly should meet with immediate and uncompromising penalties. There can be no revolving door in a public housing environment. There is nothing more injurious to a strong security system than when a known offender can remain in the "secured" environment.

• Police support - The municipal police and the security organization must establish a policy that defines their roles regarding patrols, emergency response and arrests. Straughter Associates and the police must concur on this policy. Every circumstance must have an appropriate plan of action that is rehearsed and each party must fully inform the other of pertinent intelligence. We do not and should not challenge the authority of any municipal police department. We work as a well-trained assistance force that enables the police to operate more effectively. Official jurisdiction is unquestionably with the police. Our approach is to gradually, and only through demonstrated professionalism, become a trusted resource in the assigned housing development.

• Resident support - Crime ultimately effects the tenants of a development and we must work to persuade them to do their part. Housing advocates and elderly tenant

representatives must be consulted for their support. They can organize neighborhood watches and offer critical information if they feel that it will help rather than threaten them. Information is the key ingredient of an investigation. Many investigations are thwarted because of a lack of trust between the witnesses and the investigative agency. If there is one thing that elderly people have - it's time. They've earned it. Much of their time is spent in observation of their surroundings. This is what security companies are paid for! Give them a useful function and train them what to do when they see suspicious behavior. Who do they call and how do they report what information? Organizing such a system would enhance communication between residents and encourage participation. The serious and successful security program will value this kind of information highly. Many residents are solid community citizens who have a vested interest in improving their environment. We must use their abilities as part of a successful plan.

• Professional Security Personnel - The residents must not consider Straughter officers to be an occupation force. Our trained personnel are taught to offer assistance rather than to dare tenants to break a rule. The officers must be able to relate to the diverse collection of personalities that he/she will encounter- from the choir singer to the crack addict and to recognize that they may be one in the same. The assignment is not just business, but also community development and personal improvement. We measure results not just in crime statistics but also in employment rates, truancy rates, improved school grades and mortality. Officers must be courteous, neat in appearance and above all respectful of those he/she is assigned to protect.

Security officers must be physically prepared to confront and subdue violators of the public tranquility with dispatch. There are no illusions about the fact that they are on the "turf" of drug dealers and/or gang bangers.

• Data collection - Continually assess the "hot spots" or problem areas to shift resources accordingly. An intelligence base is necessary for effective targeting of operational strategies. We must monitor crime statistics and follow up on dispensation of previous arrests. Chronic offenders must not be allowed to relax while we are on the site. We will help them if they want to turn their lives around and we will be hell to them if they don't.

Straughter Associates is not a social service agency, we are just cognizant of the plain fact that no band-aid approach is useful today. Ultimately, all of these social ills will have to be reckoned with for security's sake - national and neighborhood. The officers that we recruit for this task must see the full picture. They have to be sincere and committed to results that benefit everyone. They must see their job as a career rather than a summer gig and they must be paid accordingly. The owners and managers of these projects must be prepared to pay for such service. The cost of crime and property destruction far exceeds that of an effective security operation.

Any security plan must be tailored to the specifics of the site. The interests of the entire federal government are paramount. Especially when it is understood that the government is the people in Washington, the taxpayer, as well as the tenants of these developments.

Respectfully Submitted by:

Eric Straughter, President
Straughter Associates

The CHAIRMAN. Speaking of the police department, this might be a good time to call our next witness, a member of the Oakland, California police department for 22 years, Sergeant Robert Crawford. Sergeant Crawford has come from a very long distance today, and maybe we can engage in a little three-way dialog.

Sergeant Crawford is in charge of the Beat Health Unit. We don't know what the Beat Health Unit is, and we would like for you to tell us about that, Sergeant Crawford.

STATEMENT OF SERGEANT ROBERT CRAWFORD, OAKLAND, CA POLICE DEPARTMENT

Sergeant CRAWFORD. Thank you, Mr. Chairman.

We started about a year ago. We are community-driven. We close down crack houses, we have closed down over 130 of them in the last year. We do it by marshalling a force of housing inspectors, public works people, utility people, whatever it takes to find the violations that abound in these crack houses, and get them closed down.

We also use a section of the California Health and Safety Code, Section 11570 of the Health and Safety Code, that declares these places a public nuisance. We can take them to court, if this is done, the court can order the place vacated, and closed down for a period of up to 1 year and impose up to a $25,000 fine.

We have done that in one instance, last July, and forced the dope dealer to sell his home, and $10,000 of the $30,000 that he sold it for went to finance some of our expenses in the Beat Health Unit.

As I said, in the past year, the Beat Health Unit of the Oakland Police Department has closed down over 130 residential and commercial properties that were involved in crack cocaine dealing and use. I have provided an unpublished article that generally explains the process.

There are estimated to be about 400 remaining sites to be abated. A large percentage of these properties are privately owned, and occupied single family residences that have been turned into filthy, vermin-infested hovels. Sometimes they have no utilities, and are mostly occupied by transient drug dealers and users, the attraction of a hidden place to obtain and use drugs brings unsavory traffic to the area day and night.

The impact on the elderly citizens goes beyond the obvious threat of drug users in a neighborhood, terrorizing, robbing, and burglarizing senior residents to support their habit. Some of these crack houses are also occupied by an innocent elderly person who owns the property but has lost control of it to an adult child or grandchild.

Many times the elderly person will ignore the activity and simply hide in a back bedroom. When the police raids occur, he or she is left behind until the arrestee returns, after posting bail, or being released because of overcrowded jails. The process then repeats itself.

Most victims are on Social Security or pensions and have as their only asset the equity in the home they live in. Abatement in these cases is difficult because it requires convincing the elder victim to

protect against the criminals and defend the loss of funds and property to the abatement process.

Each of these cases is unique, depending on the situation and attitude of the victim. Some will leave the premises to stay with a responsible relative, and actually request that the abatement go forward against the occupants. This may result in the cleaning and securing costs becoming a lien on the property.

Others have been referred to the Alameda County Legal Aid for Seniors and private attorneys who have agreed to take these cases pro bono, to seek court orders to keep the addicted relatives away.

The underlying problem in many of these cases is the relationship of the senior citizen to the problem relative. As long as the system will allow it, many of these victims will endure rather than jeopardize such a relationship. Much like an abused spouse or child, the fear of unknown results, or an ignorance of how to get help will keep the senior trapped in a situation.

The Oakland Police Department's Beat Health Unit is a part of the system that will not allow it. Through combined abatement action, referral, counseling, and consistent followup, all of the cases found have been, or are in the process of being abated at this time.

[The prepared statement of Sergeant Crawford follows:]

PREPARED STATEMENT OF

SGT. ROBERT CRAWFORD

OAKLAND POLICE DEPARTMENT
OAKLAND, CALIFORNIA

AT A HEARING BEFORE
THE U.S. SENATE SPECIAL COMMITTEE ON AGING

"OUR NATION'S ELDERLY: HIDDEN VICTIM OF THE WAR ON DRUGS?"

NOVEMBER 15, 1989

Crack Houses and the elderly

During the past year, the Beat Health Unit of the Oakland Police Department has closed down over one hundred and thirty residential and commercial properties that were involved in "crack" cocaine dealing and use. The attached unpublished article generally explains the process. There are estimated to be about four hundred remaining sites to be abated.

A large percentage of these properties are privately owned and occupied single family residences that have been turned into filthy, vermin infested hovels, sometimes with no utilities, mostly occupied by transient drug users. The attraction of a hidden place to obtain and use drugs attracts the unsavory traffic to the area day and night.

The impact on elderly citizens goes beyond the obvious threat of drug users in a neighborhood terrorizing, robbing and burglarizing senior residents to support their habit. Some of these "crack" houses are also occupied by an innocent elderly person who owns the property but has lost control to an adult child or grandchild.

Many times the elderly person will ignore the activity and simply hide in a back bedroom. When the police raids come he or she is left behind until the arrestee returns after posting bail or being released because of overcrowded jails. The process then repeats itself.

Most victims are on social security or pension and have as their only asset the equity in the home they live in. Abatement in these cases is difficult because it requires convincing the victim elder to protect against the criminals, and to defend against the loss of funds and property to the abatement process.

Each of the cases is unique, depending on the situation and attitude of the victim. Some will leave the premises to stay with a responsible relative and actually request the abatement go forward against the "occupants". This may result in the cleaning and securing costs becoming a lien against the property. Others have been referred to Alameda County Legal Aid for Seniors and private attorneys who have agreed to take these cases pro bono, to seek court orders to keep the addicted relatives away.

The underlying problem in any of these cases is the relationship of the senior to the problem relative. So long as the system will allow it, many of these victims will endure rather than jeopardize the relationship. Much like an abused spouse or child, the fear of unknown results or an ignorance of how to get help, will keep a senior trapped in a situation.

The Oakland Police Department's Beat Health unit is a part of the system that will not allow it. Through combined abatement action, referral, counseling and consistent follow-up, all of the cases found have been, or are in the process of being abated.

BEAT HEALTH: A NEW APPROACH
An unpublished article
By Sergeant Bob Crawford
Oakland Police Department

I supervise a small team of patrol officers in a coordinated program with city, county and state regulatory agencies which uses non-traditional methods to close down crack houses and illegal businesses in Oakland.

In the first ten months after this program went into effect, over one hundred troublesome sites were abated, including a large apartment house, several board and care homes, illegal auto dismantlers, a hotel, and a motel.

Citizens groups throughout the city have praised the program's success and have given it continued support. As a result, on June 11, 1989 the Oakland City Council, in an unprecedented action, authorized the police department to spend $1,000,000 in each of the next three years to continue and enhance the program.

The purpose of this article is to explain the application of Oakland's Beat Health concept to crack house abatement. We believe this new approach to controlling the damage caused by the crack epidemic can also be used by other cities.

Beat Health is an important element of policing in Oakland. The foreword to our original Beat Health training bulletin has as much significance today as when it was written in 1975:

> "Beat Health" is a new name for an old concept. It has to do with the concern of an officer for the well-being of the area he or she patrols, the area in which people and property are entrusted to his or her care. Beat Health is not a sentimental concept; it is a practical and realistic one, as police departments discover to their dismay when they become too remote from the people they serve. It is a matter of great practical importance to a beat officer that people on his or her beat feel secure in their neighborhoods and that, as is their right, they feel free to call on him or her.
>
> Beat Health is:
>
> - the concern of officers for the needs of persons residing, visiting, and doing business in their beat areas;
>
> - the elimination or reporting of conditions which contribute to neighborhood blight;

- the discovery of conditions which adversely affect public welfare, such as unsanitary conditions, boarded up buildings, and street hazards; and
- the security of premises.[1]

Traditionally, our beat health activities have concentrated on marking and towing abandoned vehicles, completing reports on problem areas and forwarding information to other public agencies. Every local law enforcement agency engages in some form of this activity from time to time. While these tactics do work, delays and bureaucratic complications can be substantial.

With the explosion over the past few years in the use of cheap crack cocaine, abandoned buildings have become nests for users and dealers of the drug as well as safe places for related criminal activities. One such building in a neighborhood can act as the proverbial "rotten apple" in spoiling a whole area. Crack houses present situations where time is not on our side, and we cannot afford the leisurely pace of normal bureaucratic activity.

Many of these properties are valuable rental units that have been "sub-let" by crack addicts who have long since left the area. Like the "Hubba[2] Rental" of automobiles, we are now finding many cases of "Hubba Leasing" of houses, apartments, rooms, basements, garages and out-buildings - - even camper shells.

The so-called lessee will pay his rent in crack, then throw the original renter out when the drug is consumed and his or her money and valuables are gone. Everything of value will have already been sold to buy the drug. The house or apartment will be trashed as the "base sessions" go on for days or until the drug is gone. Many times the building will be burned, then reoccupied.

Utilities are turned off for non-payment and usually reconnected by the occupants in a variety of illegal and dangerous methods. Utility company workers are sometimes threatened into leaving the illegal hookups alone.

Legitimate landlords will call the police, usually after harassment and threats by the new occupants. When the rental agreement is not clear, a time consuming eviction process must be followed. If the trespassers are arrested or leave, the landlord must secure the

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[1]OAKLAND POLICE DEPARTMENT Training Bulletin III - A.1 Beat Health, October, 1975

[2]"Hubba" is a street term for crack cocaine.

premises from a re-invasion. Many owners simply walk away from the property.

Unscrupulous property owners collect rent and do nothing with or about their property. They rent out any sub-standard building or portion thereof, garage or space they can collect rent on. Some profit by accepting varying amounts of cash from tenants, pocketing the money and writing the apartment off as a loss on their taxes. They have no concern with whether or not their property is used for criminal activity. In fact, it serves their illegal profiteering to deal with a criminal element on a cash only basis. One only has to note the number of these operations in an inner city to come to the logical conclusion that this is profitable endeavor.

The problems for the police are obvious. Neighborhoods deteriorate, citizens complain about our ineffectiveness, and the drug trafficking increases.

There is no question that when this occurs that the drug dealers are in fact in control of the neighborhood.

ABATEMENT

Police action on a property or area can come in three ways either independently or concurrently as follows: 1) Traditional enforcement through investigation, arrest and prosecution by complaint, 2) Beat Health abatement through a combined enforcement effort, 3) Civil remedy through civil litigation with Drug Nuisance or Red Light Abatement laws.

While any one approach is enhanced by the other, all three in combination is overwhelming!

THE BEAT HEALTH APPROACH

The Beat Health approach is to simply bring the forces of as many city, county and state agencies as possible to bear in bringing a property or an area up to a standard. The idea is to render the "nests" uninhabitable for the criminal element, much as an owner will make a property "rodent resistant". The services of every involved agency or government bureau are assembled into one force focused on the problem location. This action can make the premises so difficult to use for criminal activity, that the criminals will move on. The process involves the following steps:

1. Identification: This is not difficult. You will receive complaints from neighbors, citizens groups or associated agencies. Beat officers know were their problem areas

and houses are. They simply do not have the time or resources to deal with them beyond the initial contact or obvious enforcement action.

2. Investigation and Intelligence Gathering: Obviously, before any action is taken on a project, steps must be taken to verify the alleged activity and identify the persons involved. The following information will prove invaluable before the first visit:

Police Information: The beat officer is the best source of information. An effective method of communication from all shifts is by means of a simple card or report. Citizens (through organized neighborhood watch groups) can make the same kind of report, but these must be scrutinized carefully.

A records statistical run of the location and a review of crime reports by type, a report from communications on types and frequency of calls and a check of a Drug Hot Line[3] calls, if one is available, will enhance the investigation.

The owner: You must locate and identify the owner. Any formal action taken on the property must include the due process element of owner notification. Most cities and counties have agencies with access to assessor's records. There are also a number of on-line computer services available. The information is public record. Intelligence records on owners of a large amount of property in a jurisdiction may also be useful.

Utilities: The local power company will advise if their service has been discontinued and who the subscriber is (or was). They also record any past problems such as tampering or threats against their people. The best contact at a utility company is someone who deals with fraud or theft by persons outside the company, such as a revenue protection agent or field supervisor.

The local water company is usually a separate entity, but it can provide the same information as the power company. If there is no water service or

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[3]Drug Hot Line is simply a 24 hour, easy to remember number (e.g. 273-DRUG), that citizens can call and leave information about drug dealing on a phone recorder.

the water is off, the building is uninhabitable and must be posted and vacated (under a quick civil process) for health and safety reasons. This is true in even the most liberal jurisdictions.

Cable TV has similar concerns, because many people steal their service. They will, most likely, provide subscriber and service information as well.

The important thing to remember when dealing with utilities companies is that they do not want any publicity about working with and providing information for the police.

The establishment of "agency" between police and utility must be avoided. Each has a legitimate interest in dealing with the other in preventing crime or abating hazardous conditions. The use of a Water or Electric Company Agent as an informant in these matters is as inappropriate as one of them using a police officer to collect a delinquent bill.

A good relationship with the utility companies will involve an increase in arrests of energy thieves and tamperers. A Citizen's Arrest by a utilities official with expertise in tampering methods and rating methodology is recommended in all cases.

3. Inspect the Premises: This only requires a lawful reason to be there. What you observe while outside or lawfully inside, you can, of course, act on. Be sure you document your visit, recording what you see and who you find there. Take photographs as necessary. The following should be noted:

Occupants: Who lives there, or is on the premises? This can be established in a variety of ways too numerous to list, not the least of which is to knock and ask. In the case of an insecure or open house, you have a duty to enter and make a security check.

Status of Occupants: Ideally, you should know who the owner is and the status of the occupants before visiting the site. If not, determine the following:

Owner occupied?

Legal Tenant?

Eviction in process?

Empty/trespassers?

An empty property occupied by a trespasser will require immediate action, particularly when criminal activity is present.

Exterior Appearance: Broken or missing windows or doors, a deteriorating structure, or a debris filled yard are blighted conditions that indicate the property is sub-standard. These properties invite the criminal element, and you will usually find evidence of stolen property, drug abuse, or other illegal activity. Closer observation while on the property can lead to costly abatement action against the owner from other agencies or criminal action on utilities theft or tampering. Look for the following:

Gas and electric meters -- are there any out of place wires on or around the electric meter or extra pipes on the gas meter? Have the meters been damaged or removed and by-pass wires or lines been put in? You can call most utility companies and run the meter number just like a license plate to see if it belongs there. If the meter is gone or the service is removed and they have electricity, where are they getting it? Look for extension cords from a neighbor. Utility companies usually have a policy of terminating service to any customer who willingly provides service for someone who has been disconnected, because of the liability incurred by an uninspected service.

Water meters are usually accessible at the sidewalk. Check for obvious signs of force or damage such as a cut lock or valve hasp. A missing meter replaced by a straight pipe is a crime in most jurisdictions. If they have water, where is it coming from?

Rats are indicated by holes at the base of the foundation or on the property. Their presence is due to broken or open sewers. Any open and running sewer that causes a standing cesspool or flow off the property must be abated immediately.

Garbage (bagged or not) or junk piled in the yard.

Inoperative vehicles open to public view can be abated in most jurisdictions. They provide harborage for a variety of pests.

Sidewalks cracked or broken, curbing or driveways that are hazards.

Fences that are illegal in terms of height or location (a favorite of drug dealers).

Interior Appearance: Look for any modification or remodeling that was done without permit or inspection. Most obvious are garage or basement living conversions with low ceilings (7'6" is a rule of thumb), rickety narrow stairways, sloppy carpentry, etc. Electrical hazards, bare wires, etc., fire hazards such as barred windows without releases. Broken windows, faulty plumbing, toilets that are clogged or inoperative.

Of course any "unfit home" situation, filth, health hazards, etc. should be taken care of immediately. Particularly if children are present.

Search Warrants: All the rules of search and seizure apply and you may need a search warrant to enter a house or building. However, if you have reports of unfit conditions and what you see when you arrive at the property confirms them, and you find children, you have a duty to investigate and remove the children immediately if appropriate.

Search warrants for building inspections are easily obtained by a housing or building inspector but their purpose is specific and they require 24 hour notice. The inspectors can request police presence during an inspection.

Enforcement: While at the scene it is important to bring as much enforcement action as possible to any criminal element in the area. If people arrive and question the police activity, they should be identified at once as to their right or need to know. Once identified, they should be checked for warrants. If they arrived in a vehicle, it should be checked for registration, insurance (if it is required) and strict compliance with the vehicle

code. People who arrive without identification should be directed to leave if they have no lawful business or interest in the property.

Take your action in view of the neighbors. You will find most will approach after they feel safe from the "element" you are dealing with and thank you.

Follow-up: In terms of coordinating the response of other city or county agencies, Arrange to receive copies of their reports, so that you can monitor compliance and progress.

4. The Multi-Agency Response: In cases where you have made some preliminary inspection or beat officers have provided you with enough information through their observation, you will find it desirable to orchestrate a response from as many agencies as possible at a predetermined time. The presence of many inspectors and non-sworn agents from civilian regulatory agencies at one time and place can be extremely effective.

5. The Removal of Occupants: The removal of anyone from property can range from simple to complex. However, when criminal activity or hazards are present anyone can be removed from any property through due process. The following is a rule of thumb:

Trespassers:	The traditional approach of immediate removal under the state penal code sections that apply; citizen's arrest by an owner or agent is the most desirable[4].
Legal Tenant or an Eviction Pending:	If the building is declared substandard by the housing official and confirmed by board action, it must be vacated. However, thirty days notice must be provided. Many times this action will cause sooner abandonment of the property (then unauthorized re-occupation by someone

[4]Police intervention in complex landlord/tenant disputes requires the utmost caution. Most states require police officers to receive an arrested person from a citizen and relieve the officer from any liability.

else). Caution must be used to make sure the property owner takes the action and does not use the police as an eviction agent.

Owner Occupied: A property owner must follow generally the same rules for occupancy of a dwelling as anyone else. Therefore, if a building is declared uninhabitable, no one can legally occupy it. Provisions are made for security purposes, (e.g. a guard in the building at night) but this must be specified and approved.

Enforcement of illegal occupation of uninhabitable dwellings or building (by other than trespassers) is usually by citation for infractions. While this may not seem as effective as an outright arrest, it is costly to a property owner to be fined several hundred dollars a day for non-compliance. The fine can be placed as a tax lien on the property.

6. Close and Secure: This entails more than just a simple board-up. Due process in this step consists of a housing board notice which in effect advises the owner to clean up and secure the property within a specified time period (usually 10 days), or the government agency will do it and lien the property. In the case of property or a dwelling that is a serious health, fire or safety hazard, the clean up must begin immediately!

A good approach is to have a group of insured/bonded independent contractors retained by the city or county who bid on the clean and board-up. The premises will be cleaned out and all windows and doors secured with 5/8 inch plywood carriage bolted from behind to 2X4 struts (known as a HUD board-up). Signs are placed warning of criminal violation in entering the building or removing the sign. (Housing Code infractions, with a fine for an owner, state penal code misdemeanors for transients.)

7. Compliance with Code or Demolition: The final process is time consuming. Hearings, notices, bids on demolition, then more hearings if there is an appeal. If the property is not suitable for reconstruction, the only option is demolition, which may take up to a year. However, a securely boarded up house that a trespasser cannot re-enter is no longer a police problem. Usually

good buildings are sold or rehabilitated before this process can run its course.

8. Secured Properties: Properties that have been secured need a minimal amount of follow-up in terms of drive-bys and an occasional contact with neighbors. If illegal activity on the property starts, immediate action should be taken. Neighbors will respect police effectiveness and assist by calling in whenever they observe any activity.

The following agencies are usually available for field response during normal business hours (0800-1600 generally):

- o City or County Housing and Building Inspectors
- o Fire Department: Fire Prevention (Fire Marshall) usually on commercial and apartment buildings only
- o Local gas & electric company (when energy theft or a hazard is suspected)
- o Local water district or company (theft or hazard)
- o City or County Public Works, sewer maintenance (open sewers, especially with raw sewage present.)
- o City or County Health Department (a Vector Control unit, if available)

City, County or State Agencies will respond if the situation calls for their expertise or action. Consider the following agencies who have field investigators:

- o Probation
- o State Parole
- o Alcohol Beverage Control
- o County Welfare (Protective Services)
- o State Department of Social Services

Remember, these are relatively non-emergency situations, therefore it is best to plan your encounter by setting up an appointment with the appropriate agency or agencies one or two days in advance to

bring all of them on the scene at the same time. (A sight to behold!) Unlike law enforcement agencies, the field personnel of these agencies are 9 to 5, Monday through Friday types, so it is best to set an appointment for 9:00 or 10:00 A.M., Tuesday through Thursday if possible.

In summary, the whole purpose for the project approach to Beat Health issues is to concentrate the effort and increase bureaucratic effectiveness. A side benefit is to make it as uncomfortable as possible for those people who bring or commit crime to the community[5]. Traditional enforcement action is still important, but it is significantly enhanced when the criminal is released early from a County Jail because of overcrowding only to come back to the old hang-out and find it securely boarded up.

DRUG NUISANCE ABATEMENT

Two years ago California's Drug Abatement Act[6] was amended to allow private citizen and city attorneys (as well as district attorneys) to bring suit in civil court against property owners who allowed drugs to be used or placed on their property. This statute can be devastating because it provides that under the Drug Abatement Act the court can:

1) shut the building down for one year; and/or

2) assess damages equal to the rental value of the property; and/or

3) levy a civil penalty up to $25,000.00; and/or

4) seize all fixtures and personal property to pay for law enforcement costs.

The statute also allows the City or County to collect court costs and to recoup its investigative costs.

The Process: Gathering information for a successful abatement action parallels the information and file building already in place for traditional law enforcement activities. Information gathered for the Beat Health project described earlier is also important. Intelligence gathering, site visits and an abatement approach to

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[5]As Tom De Vries wrote in the California Magazine article (The New Urban Guerrillas, September 1989) "No shelter for the wicked!"

[6]California Health and Safety Code 11570, et seq

a location will usually cause the problem to end before lengthy court action. However, Drug Nuisance Abatement can absolutely prevent the property from returning to use as a drug house. The following information must be gathered:

1) All police reports (and copies of search warrant affidavits) of drug offenses, prostitution and felonies for the preceding two years.

2) A record of all calls to, or adjacent to, the location regarding drugs, disturbances or felony crimes. (Drug Hot Line, if available.)

3) Declarations from each officer making any drug arrest or finding drugs on or connected with the location, and from the investigating officer(s) of the abatement action.

4) Declarations from neighboring or knowledgeable citizens regarding the property and the activity. (These are extremely valuable but equally hard to get. The court understands the fear of reprisal and will proceed without them.)

5) A report from the Criminologist or Crime Lab Technician on the actual amount of an illegal drug and its street value listed for each report.

6) Certified (not your own computer print out) property owner and description information obtained from the County Assessor. This includes a copy of the assessor's map of the property with its location described. You must also do a title search.

This package is submitted to the city attorney for review. The next legal step is to file an Order to Show Cause (OSC) which may become a Temporary Restraining Order (TRO). If granted the owners are served with a summons and the property is vacated by court order if certain restrictions or conditions are not met (e.g. no drug possession, selling, providing, etc., signs placed at each entrance and on all sides of the structure warning of the court's order, etc.)

The TRO remains in effect until the court date, usually ten days later. If it is violated, the owner is in contempt of court. A fine can be levied by the court of up to $2,500 for each count. The court date is set to bring the defendant(s) in to show cause why an injunction should not be granted and to be ordered by the court to cease further illegal activity. If the defendant can not show cause for not granting a permanent injunction, the court can

proceed with closing the property. All filings are made "lis penance" which appears on a title search and legally notifies a new owner of the pending court action.

This action is completely independent of, and in addition to, any criminal prosecution that may be in process.

The procedures can take from thirty-days to several months before filing in court. You should consider the following status of the property, owner and suggested procedure before you begin:

STATUS	SUGGESTED PROCEDURE
Owner Occupied/ Owner Involved:	Proceed with court action. The first the owner knows about your action is when he or she is served with a summons.
Owner Occupied/ Not Involved:	The elderly parent or grandparent in a house taken over by dope-dealing children. A certified letter of notification over the City Attorney's signature summarizing the problem and advising of impending legal action. This letter should ask for a response within 15 days from the owner or his or her attorney. In some cases you may choose to forgo the letter and proceed to court.
Tenant Occupied, or a Business Where the Owner is Not on the Property:	A certified letter of notification to the property owner(s) over the City Attorney's signature summarizing the problem and advising of impending legal action.

Note: The foregoing is meant to be a very general guide to a Drug Abatement process. It is by no means complete or all encompassing because each case is unique. The City Attorney, County Counsel or your department legal advisor should be contacted before any action is taken.

ETHICS

As this program continues, the reaction of the public and private business has raised some ethical issues for police officers.

We all know that real estate, no matter what its condition, has significant value and presents an opportunity for speculation. Recent statistics show that only 20% of the people can afford 80% of the available housing in many areas of the country. Crack houses are sickening, filthy and sub-standard. They appear to need far more work than they are worth, this is simply not true.

Recently an abated crack house in an area of Oakland where similar homes sell for $90,000 to 150,000 sold for only $5,000. An opportunistic realtor found the cocaine addicted owner (who had inherited the family home from his mother) and gave him more money than he could smoke up in one day. The realtor sold the property within a week for $60,000. The new owner rehabilitated the house (for less than an easily obtained $15,000 government rehab loan) and now owns a house worth more than $100,000.

Incidents of investors calling public agencies to request "the inside track" on the properties under abatement follow every piece of publicity on the program. In one case a "finders fee" was offered. In another a "donation" to the unit was suggested.

As Peace Officers, our training and code of ethics give us a firm foundation of values and principals in this regard. Nonetheless, we must constantly be aware of, and guard against, being used as an agent to further the profit of one person at the expense of another.

The Author

Robert P. Crawford, Sergeant of Police, Oakland Police Department.

Sergeant Bob Crawford grew up in Oakland and has always worked there. He has been an Oakland Police Officer since 1968, his experience has included patrol, youth services, communications and training assignments. From 1980 through 1985 Sergeant Crawford was the Director of the Oakland Police Academy. During this assignment he served on many program committees for the California Commission on Peace Officer Standards and Training (POST), including those that developed the Model Discipline Program for the Basic Course, The Basic Course Scenario Manual, and the curriculum, lesson plans and pilot presentation of the Academy Recruit Training Officer Workshop. He also served a term as vice-chairman of the California Academy Directors Association (CADA) in 1984-85.

In 1985, while Sgt. Crawford was a Management Fellow at POST he developed, field-tested and submitted to the Commission the Model Field Training Program which is currently used by many police and sheriff's agencies in California and Nevada. The following year he assisted POST as a consultant in the Basic Course Correlation Study which was mandated by California legislation.

Currently, Sgt. Crawford is the supervisor of the newly created and highly successful Beat Health Unit described in this article.

The CHAIRMAN. Sergeant Crawford, this is interesting. This unit has been in existence for a year?

Sergeant CRAWFORD. For 1 year. Since October 17, 1988. Our birthday was not too pleasant. If you remember, we had an earthquake that day, 1 year later.

The CHAIRMAN. And you have closed down how many crack houses?

Sergeant CRAWFORD. We have closed down 130 crack houses.

The CHAIRMAN. What percentage of these might have been in what we call elderly housing projects, or facilities?

Sergeant CRAWFORD. None of these were in housing projects. We work closely with the Oakland Housing Authority, with the counterpart to the gentleman from Boston, Mr. Straughter. We assist them, but they have their own security department in Oakland. The houses we closed are single-family residences, but I can tell you that people who use crack do not have resources to own a home. So there is a responsible parent in the background someplace.

Most of the time they are the victim. Some stories do not end well. I know of one instance where a son took over a house, made it a crack house, the mother finally died and after we found the place she had already passed away, we closed it down, and he sold the house for $5,000. Now $5,000 for a house in Oakland is absurd. The house was worth at least $100,000. He sold it for $5,000. It was resold within a week for $60,000. The person that bought it for $60,000 got a government re-hab loan for $15,000 and now has a $100,000 house. So there is always an elderly responsible adult in the background.

I have another case in which I put this woman in touch with an attorney. The woman works every day. She is 66 years old and works as a domestic in an attorney's home, a very wealthy attorney I might add. I went to that home, made the call to Legal Aid and got through the labyrinth of getting an attorney for this woman to protect her against what this crack use by her relatives was doing to her.

One of the things I am doing in this position is setting myself up to move on the problem, so that it will force people to take some action, so that it will force them to get an attorney to protect themselves and to eliminate the problem.

The CHAIRMAN. How do you disseminate the news about this particular unit, and the successes of your unit in Oakland? For example, how does the Little Rock, Arkansas police department know about your activity so they may want to emulate what you have done?

Sergeant CRAWFORD. I have written an article, I have not yet published it. I am looking to publish it in a law enforcement journal, so that it can be disseminated. It is a very effective program. The community in Oakland is so pleased with it. I close these places down, and people come out singing praises in these neighborhoods. I will say "Don't tell me, tell the mayor and city council." They did, and the city council, in a unique move, gave me, a sergeant of police, a $1 million budget for each of the next 3 years to carry this forward.

We are on a roll. We are making a difference.

The CHAIRMAN. What would you say the average age, in Oakland, of a normal crack user would be, or is there an average age? Is it all incomes and all age groups?

Sergeant CRAWFORD. I would say it is all incomes and all age groups. But I will tell you, the ones that are terrorizing the neighborhoods are 17- and 18-year-old punks. I just cannot see how a system as great as ours can be brought to its knees by an 18-year-old punk. I will not allow it, from my standpoint.

The CHAIRMAN. Those people who manufacture and sell crack—how long does it take after they are charged for a trial to take place?

Sergeant CRAWFORD. Months. I can give you an example of what it looks like to the neighborhood. Thursday night, we closed a crack house. Friday morning, all 14 people were released. All 14 people were back on the street, but they were not in that house, that house is closed. We got in touch with the owner, he came up from Los Angeles, I told him that I intended to sue him in superior court to seize his property. He had the choice of coming up and cooperating with me, in closing this place down, and getting his crack-addicted brother out of there, or we could face each other in court. He came up and closed the house. They are not there any more. Now, as far as the trial goes, I could not tell you that. All I can tell you is that the neighborhoods see it as an immediate problem, right out in front of their houses.

The CHAIRMAN. What sort of a bond do these people have to post?

Sergeant CRAWFORD. It depends on what they are charged with.

The CHAIRMAN. They are arrested, charged, and held for a few hours, post a bond, I assume, and back out the next day. How much is the bond?

Sergeant CRAWFORD. Usually it is $6,000. It depends on how much you catch them with and whether you charge them with dealing or just possession.

The CHAIRMAN. Are there any laws that we might pass that would be helpful in this area? Do you know of any that you might suggest? We are desperately grasping for suggestions.

Sergeant CRAWFORD. I can tell you this, about the custody end of this thing. As one of my contemporaries put it the other night in a community meeting, we can be very effective in cramming them into the system. But the system is not taking them. We can put them in jails, but jails are overcrowded and they have to be released. It is like packing them into a funnel—it just does not work.

We have to abate what is out there. I think what was mentioned earlier here, a quick eviction in public housing, is an outstanding idea. Some help with the eviction laws is an outstanding idea.

I worked with a man from our housing authority on Monday before I left there, in developing a model rental agreement for public housing, and for Section 8 housing, because many of our homes in Oakland are Section 8 homes. Of course, landlords really have nothing to lose as long as they get their rent, and they are going to get it, from HUD money.

But we are giving them something to lose when they do not screen the people very well. We can seize their property for a year, and they will not be able to rent it out to anybody. But we have to

give them a way to go. We have got to have laws on the books that allow us to get rid of somebody that is living in a house at government expense and dealing drugs.

The CHAIRMAN. Mr. Straughter, do you have comments on this?

Mr. STRAUGHTER. Yes, I would like to make two comments. In answer to your question, I think how long a trial takes depends on how much they can afford for a lawyer. The trial can go anywhere from 3 to 4 months to 3 to 4 years, depending on how sophisticated a lawyer they can afford. I think one of the suggestions I would like to make is that we have tried the system of bringing them into court, releasing them, bringing them into court, releasing them. At least, at the juvenile level, I think we need to reverse that process. When they come in on their first offense, we need to incarcerate them for a period of time.

The CHAIRMAN. How much time?

Mr. STRAUGHTER. For 6 months to a year, depending on the crime. But I think maybe if they were incarcerated on the first offense, that might have more of an effect on them than after they get incarcerated after 15 or 20 times. Because over and over again, when we as security officers, confront the youth in the street, they know the law as good if not better than we do. They know how much time they will get, they know of the games. So maybe what we need to do is put them away the first time. They say the first impression is the lasting impression. Maybe what we need to do is to become real aggressive, at least at the juvenile level, and instead of giving them 15 to 20 chances, incarcerate them at the first, and maybe that will have a lasting effect on them.

The CHAIRMAN. I remember years ago, when my children were young, I was at that time Governor, and I was a lot younger. I would take my three sons at least once a year to our State prison. Sometimes we would go down for Thanksgiving dinner or Christmas dinner or sometimes just an on-site inspection, unannounced. But I always tried to take my boys with me. They were very young at that time, and I think, and I hope and pray, that that impression was long-lasting on them.

Back home in Arkansas, I have one of my fine young staff people take school bus loads of children, at the seventh and eighth grade level, down to our State penitentiary. I think the impression they get there, at that age, sticks with them and goes with them throughout life.

Mr. Straughter, you established a very unique situation there, with the private security firm to basically monitor and police a public housing project, which is ordinarily under the jurisdiction of the local law enforcement officers. Was it that the local law enforcement people were not doing a good job, did not have the time or personnel to do what your firm can do, or what was the reason that gave birth to such a security agency as yours?

Mr. STRAUGHTER. I think our law enforcement agencies do not have the manpower or resources in order to answer every problem out there. That's why we have emergency call units, and that's why they have to take those calls and answer them on a crisis basis. One of the things that happened for us is that they realized we could be a tool for them.

Once we convinced them that we would not go out there and think that we were the police department, that we understood that we were a tool of theirs, and they also understood that they have control over my officers—even though they work for me, I pay them, given how they received their police powers, we are responsible to the commanders in the district. If we break a rule or a law, it's not a question of just going to court because somebody takes us to court. We also get investigated by internal affairs.

There are certain rules and regulations we have to follow and respect, in terms of maintaining our special police powers and the authority we have. I think because there was a coming together of both the police commissioner and the area deputy superintendents that I have do contract work with, because we went through the police academy, and because they have seen us operate, they felt comfortable. Because of the amount of information we feed them on a daily basis they may or may not ordinarily get, which some of the information we feed them allows them to go right into court and get warrants in order to go and perform a drug bust somewhere. Looking at all those facets, we became a tool to be helpful in a crisis situation.

The CHAIRMAN. How many security personnel do you have within your company?

Mr. STRAUGHTER. Right now, I have 26. I am in the process of bringing on another 20. I just bid for HUD. I think they are finally beginning to test the waters for hiring a different kind of security force. In Boston, they just put out a contract to hire armed guards. When I sent my bid in, I requested them to upgrade that to both armed guards with police powers, so that we could be effective. I have not got a response yet.

The CHAIRMAN. Once again, for the record—what is the training actually required before this person is in the field working for you?

Mr. STRAUGHTER. We require 40 hours with the police department and 30 hours which I contract for, that's a total of 70 hours.

The CHAIRMAN. Sergeant Crawford, what about the children in these crack houses? We have heard from some of the elderly today, what about some of the children that are left behind? When you close down a crack house, you try to close it down totally, yet there is a family there that may have several young children—what happens?

Sergeant CRAWFORD. Children's Protective Service or an elderly grandparent must intervene. That's the only alternative.

The CHAIRMAN. It still comes back, most times, I would bet, to a family member.

Sergeant CRAWFORD. A family member is always our first choice. If we can get a family member they will come in and say "Oh, no, I knew this was going to happen." It's a sad thing, but that's all these children have. These places are absolutely despicable when you go inside. I just can't describe them to you. Words do not describe the conditions that these people live in when they are on that drug.

The CHAIRMAN. And they will live in any condition to support that habit?

Sergeant CRAWFORD. Right. Everything goes. Everything that they own, even their personal hygiene, everything goes. They steal

electricity until that is cut off, the water is cut off, they will use 5-gallon buckets, the smell, the insects, it is unspeakable.

The CHAIRMAN. Each of you heard the testimony of the previous witnesses about the victims. I can sense not only a tremendous amount of courage there, from those witnesses, but I think they are speaking about a people who are very, very frustrated about the system. I can see the depth of that frustration. Frankly, I find myself—I was walking over with one of my colleagues a while ago, back to the vote, and we were talking about some of the testimony, that there must be such a feeling of despair. We were talking about how, in this city, on Capitol Hill, we talk about the drug wars, what we are going to do about this problem. We argue for weeks and months about how many millions or billions we are going to pour into the drug wars. I have the sense that there is a great deal of despair and frustration out there from people who are the victims and frankly don't think we are doing anything except talking. I can see where that frustration would come from. I think there is some degree of justification for it. If our social workers are indifferent, if our courts and law enforcement basically don't care, if the court delay and as you said, it depends on how long you can hire a lawyer for and maybe in some cases, some communities which lawyer you hire, whether or not justice will be ultimately rendered.

It must be very frustrating and despairing, all the way around. Frankly, the two of you have given me some degree of hope today. I would urge both of you, in any way that you can, through whatever network there is available, let the news know about what the two of you are doing, and what you have been responsible for.

One of the reasons is that we are so grateful for your testimony today, and we hope that news will get out to other communities across America in all 50 States as to what might be done with the very accentuated effort such as you have engaged in, Sergeant Crawford, and the very unique undertaking by you, Mr. Straughter, and the city of Boston.

I think that is certainly a model program. I say that for both of the programs you have been responsible for. If there are other comments, I would welcome those comments. They will be placed in the record, and we will send you a record of our hearing today. If you have any further comments we will welcome those.

Sergeant Crawford.

Sergeant CRAWFORD. One suggestion, Senator, is that if you could speak to your colleague, Senator Wilson, who is on this Committee, about police training in California. If you can use his influence to make the Beat Health approach part of the curriculum in police training, that would be one thing that would help get this message out very quickly. Police training is legislature driven to bring this training forward. I think that would be very helpful and very effective.

The CHAIRMAN. Mr. Straughter, any comments?

Mr. STRAUGHTER. I would just like to say that I think if the Congress, through the Governors, or the mayors, can begin to look at the security industry who attach themselves to the law enforcement, and make them become more meaningful and more effective in their responsibilities that they get paid to carry out, I think it

would give an extra arm to the police department, and a greater service to the public.

The CHAIRMAN. I was just watching Mr. Walesa a while ago. He made such a remarkable moving speech to a joint session. I was looking at the number of security people that our country provides this great gentleman, and other great statesmen. He got up before the Congress and said "I'm just a simple electrician." Of course, he is the third person who is not a head of state in 200 years who has been asked before the joint session.

I was looking at all the security we provided for him. I see all the security we will provide any head of state or a visiting dignitary, the security that we furnish those in the FBI program who are under the FBI protection program, and all the myriad programs we have to protect individuals.

Yet, here's our elderly population, we don't do anything to protect them. They are out there today, not only being victimized, but to some degree, being held as hostages out there in many of their homes. Somehow or another, we have to make this country more sensitive—and it is a very sensitive country given the right, if they know the facts they will do something.

Now we are trying to find the facts. You two gentlemen have certainly been supportive and your testimony has been most instructive and appreciated by all the members of this Committee.

Mr. STRAUGHTER. Thank you, Mr. Chairman.

Sergeant CRAWFORD. Thank you, Senator.

The CHAIRMAN. We are going to call our next panel at this time. We have Mr. Robert Smith, the Deputy Director for Planning and Development, of the Central Arkansas Area Agency on Aging. Mr. Smith, you were very fine to sit during the course of this afternoon. Maybe we have all learned something we can take back to Arkansas. Ms. Robin Mayrl, Director of the Milwaukee County Office of Aging is here, also.

You both have been very patient. I look forward to your statements and then I will have a few questions.

Mr. Smith, would you like to go first?

STATEMENT OF ROBERT SMITH, DEPUTY DIRECTOR FOR PLANNING AND DEVELOPMENT OF THE CENTRAL ARKANSAS AREA AGENCY ON AGING

Mr. SMITH. Thank you, Senator Pryor.

First of all, we do appreciate your invitation to hear the testimony on behalf of the elderly in central Arkansas. Dixie also sends her regards.

The CHAIRMAN. Thank you.

Mr. SMITH. The routine of everyday problems and activities and immediate details of what we face in our agencies sometimes makes it very difficult to maintain a perspective of changes that are occurring without us really knowing about them.

Until we were invited to testify before this Committee, not much thought was given, as an isolated incident, to the illegal drugs and the effect it has on the Agency. We discussed it among our staff, and we said "what are the effects we are looking for here?"

Believe it or not, we came up with several. We said "Golly, this has happened right under our nose, and we did isolate it in this respect." It is just business as usual, we adapt and adjust. Anyway, this is what we came up with. In the committee staff briefing, four questions were asked, and this more or less triggered our thoughts on this particular situation. I would like to structure my comments around these questions. The first question is, how have we changed the way we deliver services as a result of illegal drugs? We thought about this for a good length of time. Three to 4 years ago, volunteers were used frequently to deliver in-home meals to our clients. This does not occur now. We have eliminated some of our volunteer routes, we can't get them to go into some areas. We just don't have this particular service anymore. We would not ask the volunteers to do it. So the volunteers are afraid.

The CHAIRMAN. The volunteers are very afraid.

Mr. SMITH. In some areas where the drug activity is prevalent, we have had to send paid staff. In many instances, we have had to send two paid staff—one to cover the other one's back. This is happening right now.

We have had to make several service location moves because of the particular area where our service centers were. They were too dangerous for people. They would not get the bus and go over there. They were afraid to go into this particular neighborhood, because it was just not a good safe place to be, and we like our social activities, but we don't like them this well. So this is another thing we found.

We have several problems finding personal care aides to go into some areas of the cities. They just refuse to work in that particular area. We have many clients who live in this area. The fact is, a good portion of our clients live in these low-income areas—housing projects, inter-city neighborhoods, this type of thing. The aides refuse to work there. They want to go to a safer neighborhood. So this is another thing we have found is happening.

We have had to change the transportation routes on some of our services, because they just don't want to go into this particular area, even with the windows rolled up.

A specific instance of our changing service patterns is directly related to our free-standing hospice program. We were offered free office space adjacent to one of the housing projects, and we went down and looked at it, and it was adjacent to streets where overt drug activity was a daily occurrence.

In looking at our hospice mission, we have to deliver controlled substances, painkillers, at all hours of the night to these patients. We said "this will never work, with a controlled substance and a nurse coming down here at 2 o'clock in the morning, unlocking the drug cabinet and walking out of here with these things." That would be looking for trouble.

So that cost us. When you have to give up free space, it does something to your budget.

In another instance, one of our contract agencies, located near this same public housing project, reported illegal drug activities outside their office. When the police came, two men entered the building and made threats to the staff and warned them to stop

calling the police, saying "We will mess you up if you don't stop calling the police." It was a direct threat, off the street.

This is somewhat intimidating, when somebody comes in and says "If you do that again, we are going to get you" and they are outside milling around the office.

These are few of the experiences we have had concerning the question of delivery of services and how we do deliver the services.

The second question is how are the elderly themselves affected by drugs. I feel like I am redundant, because from listening to the other testimony today, this is exactly what we found to be true. Also, they have no freedom to walk the streets safely. Isolation, fear of retaliation if they report the drug activities, is a problem.

In some cases we have had clients refuse to answer the door to receive their in-home meals, because they did not know that we had changed bus drivers that delivered the meals, they didn't know who they were and would not open the door for them.

This is a frequent occurrence. They just look out the window and won't even open the door. They see what is going on out there, but they don't want to come out.

Senator, this is happening in the Greater Little Rock area. This is not in Oakland, or San Francisco, or Miami, this is in Little Rock. We did find this to be true.

We have had, in some of the rural areas as well as in the inter-city or the Greater Little Rock area, numerous reports of family members taking the Social Security checks and using them for illegal drugs. There we go, then, we're feeding the person one meal a day, and a grandchild or someone comes into the house and says "I want your money." I just wonder how much money is spent from the Social Security check for illegal drugs in this Nation. So that is another concern.

In summary, it is becoming more difficult to serve the people in need and it has a ripple effect. The ripple effect is very evident in many instances. In the central Arkansas area, we serve about 8,400 clients in a six-county area. Out of those 8,400 clients, approximately 4,000 of them live in the Little Rock area. That is an at-risk population, as far as we are concerned.

The CHAIRMAN. Arkansas has always taken great pride, I know you will agree, in its programs of volunteerism. It looks like this will have a very stifling effect on volunteers.

Mr. SMITH. It is hard to get volunteers now. We can get them for the social functions and the type of thing they are having at the Pleasant Valley Country Club, but you are not going to get them to go to the Granite Mountain area and volunteer.

You can see that because we have had burglaries in some of these service locations, this has increased our insurance. We have had to add staff, sometimes double up on staff, whereas before we had volunteers to do things. You can see what that would do to our budget. Our budget is pretty static right now. We are doing the best we can with that.

[The prepared statement of Mr. Smith follows:]

TESTIMONY BEFORE SENATE SPECIAL COMMITTEE ON AGING
BY ROBERT J. SMITH, DEPUTY DIRECTOR FOR PLANNING AND
DEVELOPMENT, CENTRAL ARKANSAS AREA AGENCY ON AGING.
NOVEMBER 15, 1989

MR. CHAIRMAN, MEMBERS OF THE COMMITTEE, YOUR INVITATION TO HEAR TESTIMONY ON BEHALF OF THE ELDERLY IN CENTRAL ARKANSAS IS APPRECIATED.

THE ROUTINE OF EVERY DAY PROBLEMS, ACTIVITIES AND IMMEDIATE DETAILS TO BE ADDRESSED IN OUR AGENCY SOMETIMES MAKES IT DIFFICULT TO MAINTAIN A PERSPECTIVE OF CHANGES WITHOUT REALLY REALIZING THAT THEY HAVE OCCURED.

UNTIL WE WERE INVITED TO TESTIFY BEFORE THIS COMMITTEE, NOT MUCH THOUGHT WAS GIVEN TO THE EFFECTS OF ILLEGAL DRUGS ON THE AGENCY. JUST WHAT ARE THE EFFECTS?

IN THE COMMITTEE STAFF BRIEFING FOUR QUESTIONS WERE ASKED. I WOULD LIKE TO STRUCTURE MY COMMENTS AROUND THESE QUESTIONS.

I. HOW HAVE WE CHANGED THE WAY WE DELIVER SERVICES AS A RESULT OF ILLEGAL DRUGS.

THREE TO FOUR YEARS AGO VOLUNTEERS WERE USED FREQUENTLY TO DELIVERY IN-HOME MEALS. NO MORE. NOW, IN SOME AREAS WHERE OVERT DRUG ACTIVITY IS PREVALENT, WE HAVE TO SEND PAID STAFF. IN SOME INSTANCES, TWO PAID STAFF MEMBERS GO FOR SECURITY REASONS.

WE HAVE HAD TO MOVE SOME SERVICE LOCATIONS AND STOP MAKING REFERRALS TO SOME SERVICE PROVIDERS.

WE HAVE SEVERE PROBLEMS FINDING PERSONAL CARE AIDES TO WORK IN SOME SECTIONS OF THE GREATER LITTLE ROCK AREA. SOME AIDES REFUSE TO WORK AND THE CLIENTS ARE NOT BEING SERVED.

TRANSPORTATION ROUTES HAVE BEEN ALTERED WHICH CREATES HARDSHIPS AND ADDS TO THE ISOLATION OF OUR CLIENTS.

A SPECIFIC INCIDENCE OF OUR CHANGING SERVICE PATTERNS IS DIRECTLY RELATED TO OUR FREE STANDING HOSPICE PROGRAM. WE WERE OFFERED FREE OFFICE SPACE TO HOUSE OUR HOSPICE STAFF BUT BECAUSE OF THE LOCATION, WE REFUSED TO ACCEPT THE OFFER. WHY? BECAUSE THE SPACE WAS LOCATED ADJACENT TO A PUBLIC HOUSING PROJECT WHERE OVERT DRUG ACTIVITY IS A DAILY OCCURENCE. WITHIN OUR HOSPICE PROGRAM NURSES ARE ON CALL 24 HOURS A DAY. SERVICES REQUIRE THAT CONTROLLED DRUGS BE TRANSPORTED TO PATIENTS AT ALL HOURS. WE FELT IT WAS SIMPLY TOO DANGEROUS TO STORE DRUGS THIS CLOSE TO ILLEGAL DRUG ACTIVITIES. WE FELT WE WERE ONLY ASKING FOR TROUBLE.

IN ANOTHER INSTANCE, ONE OF OUR CONTRACT AGENCIES, LOCATED NEAR A PUBLIC HOUSING PROJECT, REPORTED ILLEGAL DRUG ACTIVITIES OUTSIDE THEIR OFFICE. TWO MEN ENTERED THE BUILDING AND MADE THREATS TO THE STAFF AND WARNED THEM TO STOP CALLING THE POLICE OR "WE WILL MESS YOU UP".

THESE ARE A FEW OF THE EXPERIENCES WE HAVE HAD CONCERNING THE QUESTION OF SERVICE DELIVERY CHANGES.

2, THE SECOND QUESTION: HOW ARE THE ELDERLY THEMSELVES AFFECTED BY DRUGS? LOSS OF FREEDOM TO WALK THE STREETS SAFELY, ISOLATION, FEAR OF RETALIATION IF THEY REPORT DRUG ACTIVITY.

IN SOME CASES, WE HAVE HAD CLIENTS REFUSE TO ANSWER THE DOOR TO RECEIVE HOME DELIVERED MEALS AND CASE MANAGEMENT VISITS. THEY SIMPLY SIT AND LOOK OUT THE WINDOW AND WILL NOT ANSWER THE DOOR.

WE HAVE HAD REPORTS THAT SOME CLIENTS ARE SUBJECT TO ABUSE BY FAMILY MEMBERS AND SOCIAL SECURITY CHECKS ARE USED TO SUPPORT DRUG HABITS OF OTHER MEMBERS OF THE FAMILY.

IN SUMMARY, IT IS BECOMING MORE DIFFICULT TO SERVE THE PEOPLE IN NEED DUE PRIMARILY TO THE"RIPPLE EFFECT" OF THIS DRUG PROBLEM. WE ARE TALKING ABOUT A SIGNIFICANT PERCENTAGE OF 4000 CLIENTS.

WE WERE ASKED IF OUR BUDGET HAS BEEN AFFECTED BY DRUG PROBLEMS.

WHEN YOU HAVE TO PAY PEOPLE TO GO INTO UNSAFE AREAS TO GET SERVICES TO OUR CLIENTS, IT CERTAINLY AFFECTS OUR BUDGET. VOLUNTEERS USED TO DO IT FOR US AT NO CHARGE. WE HAVE HAD TO ADD CASE MANAGER STAFF TO MEET THE DEMAND FOR EMERGENCY ADULT PROTECTIVE SERVICE CALLS. THESE CALLS ARE CONTINUING TO INCREASE EACH MONTH. MANY OF THESE CALLS ARE DUE TO DRUG RELATED PROBLEMS----- AND MANY TIMES LIFE THREATENING TO OUR STAFF.

WE WERE ASKED FOR FIRST HAND TESTIMONY BY SOME OF OUR CLIENTS WHO HAVE HAD TRAUMATIC EXPERIENCES RELATED TO DRUG ACTIVITIES.

WE HAD NO ONE VOLUNTEER TO GIVE US ANY INFORMATION. THEY REFUSE COMMENT.

IN CLOSING I WOULD LIKE TO OFFER COMPARABLE EXAMPLES OF THE DILEMA WE FACE IN SERVING THE ELDERLY IN CENTRAL ARKANSAS.

ONE OF MY SONS IS EMPLOYED AS A DEMOLITION DATA TECHNICIAN AT WHITE SANDS MISSILE RANGE IN NEW MEXICO. HIS MISSION IS TO GO INTO IMPACT AREAS, COLLECT DATA ON UNEXPLODED ROCKETS, SET PLASTIC EXPLOSIVES AND BLOW THEM UP. HE WORKS IN A CONTROLLED HAZARDOUS ENVIRONMENT. HE RECEIVES HAZARD PAY.

OUR NURSES, CASE MANAGERS AND PERSONAL CARE AIDES WORK IN AN UNCONTROLLED HAZARDOUS ENVIRONMENT WHEN THEY GO TO SOME AREAS OF CENTRAL ARKANSAS. THEY RECEIVE NO HAZARD PAY.

WHO IS MORE AT RISK?

THANK YOU FOR THE OPPORTUNITY TO ADDRESS THE COMMITTEE.

The CHAIRMAN. Let me do this if I might. Let me call on Ms. Mayrl at this time, and we will engage in a little colloquy here, the three of us. She has a statement, I think.

We also want to welcome to the witness table Mr. Larry Kenny, who is a member of the Milwaukee City Board of Supervisors. When the two of you get back to Milwaukee, they will say what did you do all day Wednesday, and you can say we sat there and listened to a lot of witnesses. I know you have been here a long time, and we are very grateful for your indulgence and patience with us.

We are very proud to have you here accompanying Robin, Larry.

STATEMENT OF ROBIN MAYRL, DIRECTOR OF THE MILWAUKEE COUNTY, WISCONSIN OFFICE ON AGING

Ms. MAYRL. We are very happy to be here. When we left Milwaukee this morning, it was just starting to snow. So the change in climate is lovely.

I am the Director of the Milwaukee County Office on Aging.

The CHAIRMAN. Pardon me, I want to apologize, Robin. Senator Kohl just sent a message. He is a very faithful member of this Committee. He could not be here, we are having some floor action that he is involved in. He said if he would get free from the Senate floor, he would come on over, but he did want to welcome both of you. Pardon me for interrupting.

Ms. MAYRL. Senator Kohl was gracious enough to meet with us before we arrived here. We understood that he might miss this afternoon's session.

The CHAIRMAN. He is in, by the way, a very good mood today. The Milwaukee Bucks won last night, so Herbert is feeling well, I must say.

Ms. MAYRL. I am the Director of the Milwaukee County Office on Aging, which serves as the area agency on aging for Milwaukee County and the 170,000 older residents in that area.

If Senator Kohl was here, he would be the first to say that many people call Milwaukee a well-kept secret. I have lived there for 17 years, and before moving there, I was not familiar with Milwaukee's fabulous parks, its performing and visual arts, fine schools, and the compassionate network of health and human services in the area.

I am telling you this today because the drug crisis is changing Milwaukee County in many, many ways. Many of the community's fine qualities are in jeopardy. Last night, the County Board of Supervisors, of which Supervisor Kenny is a member, put together Milwaukee's 1990 budget. They finished up at 1:30 this morning. This budget process began about 4 months ago, and in all of the years that I have been involved in local government I have never been through such an agonizing budget process.

Today's topic is on the impact of the drug crisis on the elderly. I too have many case stories that I have included in my testimony that will sound very familiar at this point in the day. Our case workers point to specific examples, where older people have been either physically or materially abused by their grandchildren or their children.

Similar to what Mrs. Holtzman said this morning, in virtually every case, there is a real reluctance to come forward and press charges. This is because many older people who have been victimized feel that their relative was not the only one involved, and even if they did press charges, they would be leaving themselves wide open for retaliation by the other accomplices that were involved.

One gentleman in particular, who was extremely frail, in his early eighties, went into the hospital for bypass surgery. While he was in the hospital, virtually everything in his home had been removed. His furniture, appliances, the battery in his car, his clothes, including socks and underwear; they even took his walker and cane. He too would not press charges.

He could not bring himself however to go through the court system and press charges against his only grandson.

There are other cases, but since you have heard so many of them today, I would like to move forward and focus on a different aspect of this problem.

I am very, very concerned about the consequence that the drug crisis is having on older people who are never, ever going to see a drug addict face to face, and who will never, ever identify themselves as a victim of the drug plague. These are the people in our community that are just not going to receive services next year.

Already we have imposed wait lists on very core, critical services such as supportive home care. The reason this has happened is because in this last budget process, funding that had been used in the past, such as Federal, State, block grant moneys, to support services for the elderly but, had not been mandated for services to the elderly, has been shifted to our courts and our criminal justice system.

Quite simply, the drug crisis has resulted in a de facto triage of older people out of our local and social service network. You are never going to hear about these folks. They will never be counted. They will be wait-listed, but they really are going to pay an extraordinarily heavy price.

If you will allow me, I would just like to walk through Milwaukee County's recent budget battle. I think it is a good case example of how this can happen.

Our budget in Milwaukee became known this year as the cocaine budget, because the driving factor behind the monumental 20-percent increase in property taxes, which was just adopted last night, is drugs. Our courts and our correction system need an additional $10 million to deal with the increased number of drug-related offenders.

Sixty-six percent of the inmates held in our jail tested positive for cocaine use this year. Eighty percent of our juveniles were determined to have drug or alcohol problems. Our county's house of correction has a rated capacity of 850, this week's daily census was 1,400. These are all directly linked to the drug crisis.

Our child protection system is in crisis. It cannot effectively deal with the increased volume and severity of child abuse and neglect. Drug and/or alcohol abuse is a factor in 80 percent of the families where child abuse and neglect have been substantiated.

The system is not able to meet or comply with Federal or State legal requirements for protecting abused children. An additional $3

million from local property taxes was requested just to meet minimum standards.

In Milwaukee County, our medical complex estimated on the basis of just the first 8 months of this year, that close to 10 percent of the babies born during this time were delivered from cocaine users.

This litany of problems is not unique to Milwaukee County, but it did pose an agonizing dilemma for all of us, and especially the elected officials. Do they ignore or deal inadequately with the problems, do they eat the seed corn, do they gut the economic support system, or gut the health and human services system, or possibly gut the quality of life functions, such as our parks and museums?

At what point will elderly homeowners no longer be able to afford another increase in taxes, and will relocate to other areas?

As it turned out, there were absolutely no winners in our budget process, and among the losers were the frail elderly. I don't believe this happened because local officials are unconcerned or insensitive to the needs of the elderly constituents, but rather because Federal and State block grant money which had been used in the past could not be used any longer because it was desperately needed to deal with the problems of drug abuse and its attendant costs.

Resources are simply not available in local urban areas to fight both the drug war and to meet the other human service needs. The result was that close to $2 million in existing elderly services were recommended for cuts. Included in the cut list are very basic, core services such as supportive home care, adult day care, our geopsych unit, long-term support services, employment advocacy, and the list goes on and on. The bottom line is that cuts in programs like this will affect thousands of very old, very poor, medically fragile people in Milwaukee.

In addition to these cuts, funding to support a new aging initiative, which had been organized by my office in cooperation with 80 organizations from the public, private, voluntary, and religious sectors was eliminated. This occurred in spite of the fact that both the State and local government had given its full support 6 months earlier. That was, however, before anyone had to balance the local budget.

I really cannot tell you or describe the agony that we all witnessed at the public hearings that were held on our local budget. The battle over the limited social service dollars and the lack of funds to deal adequately with the drug crisis pitted the needs of the very young, the very old, the very poor, and the severely disabled against each other.

This year's budget sent out a really clear message, that people who are in need of services must be active players in a bidding war in which resources will only be awarded to advocates who have a lot of media savvy, who can stage a large demonstration, and who can parade the most pain in public. We all know that the frail elderly will never win when the rules are written this way.

Our fear in Milwaukee is that the network of health and social service programs that has been developed over the past 15 years is eroding, and we expect that we will continue to lose ground in 1991 and 1992, unless we receive some additional support.

We just cannot do it by ourselves. We need the finances to mount a war on drugs, and to stabilize services for the elderly. This is the point where, we need additional funding not to just maintain existing services, but to plan to be ready to deal with the increased numbers of elderly who require services.

Supervisor Kenny is here today, with a unique perspective. He has been a member of the Milwaukee County Commission on Aging, and also serves on the County board's finance committee, and he could certainly elaborate on some of the issues and the impact on the elderly services.

Thank you.

[The prepared statement of Ms. Mayrl follows:]

Testimony Presented to the
U.S. Senate Special Committee on Aging
November 15th, 1989
by
Mrs. Robin Bieger Mayrl, Director
Milwaukee County Office on Aging

Thank you Senator Pryor, Senator Kohl from Wisconsin, and the other members of the Committee for the opportunity to appear before you today.

For the record, my name is Robin Mayrl, and I am the Director of the Milwaukee County Office on Aging. I have been with this Area Agency on Aging in various capacities since it was created in 1974, and have called Milwaukee home for the past seventeen years. As many of you know, Milwaukee enjoys the reputation of being an extremely livable, civilized and compassionate city. With its relatively low crime rate, excellent schools, and outstanding performing and visual arts, many have called Milwaukee a "well kept secret". Its magnificent park system and its beautiful unspoiled lakefront are a legacy made possible by progressive local officials with vision who plan well for the future.

I am telling you all this today, because the Drug Crisis is changing Milwaukee, and much of the community's pristine qualities are in danger. The budget process we just endured was unprecedented in Milwaukee County's history. It was a clear indication to all of us that the long term financial stability of our community and the quality of life enjoyed by residents of Milwaukee is at risk. It also showed us that the health and safety of our needy residents, including the frail elderly, will be seriously undermined if we do not receive your help and financial support.

The topic of today's hearing is "Our Nation's Elderly: Hidden Victims of the Drug War". We will hear much today about elderly individuals who are victimized by drug users in public housing, and about the growing number of older people who are imprisoning themselves in their homes because it has become too dangerous to walk to a meal site or senior center. We will hear stories about older people serving as caregivers to children whose parents are dysfunctional as a result of drug use. We will also hear how some older people are abused by their own children and grandchildren as social security checks are used to support drug habits. In Milwaukee, we are receiving similar reports. Caseworkers from the County's Community Services Division point to the following cases:

> "Mrs. Jones" is an elderly woman who lived with her cocaine abusing grandson. She was hospitalized briefly for unstable diabetes. While she was in the hospital, her grandson removed everything from the house. "Mrs. Jones" did not want to press charges against her grandson because she felt he was not singularly responsible, and she felt that filing charges against him would leave her vulnerable to his accomplices.
>
> "Mr. Smith", a 77 year old gentleman was recently hospitalized for by-pass surgery. While he was in the hospital, his two cocaine abusing daughters stole everything in his home: furniture, appliances, the battery in his car, and his clothes, including his sox and underwear. Other personal items that were taken included his walker and his cane. This gentleman was also reluctant to report the theft. Not only was he concerned about the possibility of physical harm, but he could not bring himself to press charges against his own kin.

"Mr. Anderson", who is 80 years old and extremely frail, was living with and under the care of his 25 year old stepson. The stepson was addicted to several drugs and exploiting his stepfather financially to pay for his habit. Because there was no one else to care for this severely disabled gentleman, the caseworker made arrangements for nursing home care. However, after "Mr. Anderson" was placed in the nursing home, the stepson convinced him to return home. He left the nursing home of his own volition and returned to the exploitation of his stepson.

Problems are also being reported in the City of Milwaukee's Public Housing. Some residents and managers believe that the problems of drug trafficking and related crime has escalated dramatically during the past three years as a result of changes in housing regulations. These changes greatly increased the number of younger SSI disabled people in housing complexes, originally built for senior citizens and the physically disabled. In general, residents report an increase in crime, violence, and robberies. There are reports of open drug dealing in the projects, and widespread fear among elderly residents who have become reluctant to leave their apartments. Residents in one building reportedly found a man in the elevator (who eventually died) passed out with a needle in his arm. Diabetic residents are especially afraid to discard their insulin needles for fear of being accosted by drug users in search of clean needles.

These examples highlight how older people are being personally victimized or materially abused by relatives and strangers who are addicted to drugs. But I would also like to focus on a less obvious, but equally devastating consequence of the Drug Crisis. This consequence will affect thousands of frail elders who will never confront a drug addict face to face a, and who will never identify themselves as victims of the Drug Plague. These are the older people in our community who will be placed on "wait-lists" for critically needed services because the financial support to fund community based care for the elderly has been shifted to our local courts and criminal justice systems to deal with the drug crisis. Quite simply, the Drug Crisis has resulted in a "de-facto" triage of many elderly individuals out of our local health and social service system.

Milwaukee County's 1990 Budget is a good case study of how this can happen. This Budget has become known in Milwaukee as the "Cocaine Budget" because the driving factor behind the monumental twenty-five percent increase in local property taxes is Drugs. Our Courts and Corrections System need an additional $10 million dollars to deal with the increased numbers of drug related offenders. This year 66% of the inmates held in our jail tested positive for cocaine use, and 80% of our juveniles were determined to have drug or alcohol problems. The County's House of Corrections, has a rated capacity of 850, this week's daily census was 1,350.

Our Child Protection System is in crisis because it cannot effectively deal with the increasing volume and severity of child abuse and neglect in our community. Drug and/or alcohol abuse is a factor in 80% of the families where child abuse and neglect has been substantiated. The system is not able to meet or comply with state and federal legal requirements and standards for protecting abused children. An additional $3 million dollars in property taxes is needed to meet minimum standards.

The Milwaukee County Medical Complex and Neonatal Units estimate on the basis of the first eight months of experience in 1989 that 9.2% of the babies born during this time were delivered from cocaine users.

This litany of problems posed an agonizing dilemma for local elected officials. Should they ignore or deal inadequately with these undeniable problems, or must they "eat the seed corn" by gutting the county's economic support system, human service system, and/or the "quality of life" attractions such as the parks, museum and zoo? At what point would Milwaukee County homeowners (65% of them elderly) simply be unable to afford another property taxes increase?

As it turned out, there no real winners in this process and among the losers were the frail elderly. I do not believe that this was because our local elected officials are unconcerned or insensitive to the needs of their elderly constituents, but rather that federal and state block grant money, previously used (but not mandated) to support programs for the elderly, was desperately needed to deal with the pressing problems of drug abuse and its attendant costs. Resources are simply not available in Milwaukee County to fight both the Drug War and meet other human service needs at the same time.

The result was that several million dollars of existing elderly service programs were recommended for cuts. Included on the cut list were basic and core services such as Supportive Home Care, Adult Day Care, Geo-psych services, and long term support staff. Other programs such as an Employment Program for Older Workers, Advocacy for the Elderly and Emergency Community Care were also targeted. The bottom line here is that cuts in programs like these will affect thousands of very old, very poor people in Milwaukee.

In addition to these cuts, funding to support a new Aging Initiative, which was developed by my office in cooperation with more than eighty aging organizations in the public, private, voluntary and religious sector was eliminated. This occurred, in spite of the fact that the plan received full county board support six months earlier, and we had identified private organizations who were willing to "cost-share" with the county. This occurred because confronted with the current Drug Crisis, county officials could not afford to plan or implement anything new, even if it would be cost saving in the future.

I do not really have the words to describe the agony we all witnessed at the numerous Public Hearings that were held on this budget. The battle over limited social service dollars and the lack of funds to deal adequately with the Drug Crisis pitted the needs of the very young, the very old, the very poor, and the severely disabled against each other. This year's budget debate sent out a clear message that people who are in need of services must be active players in a bidding war in which resources will only be awarded to those advocates who have the most media savvy, who can stage the largest demonstration, and sadly, parade the most pain in public. We all know that the frail elderly will never be winners when the rules of the game are written this way. My fear is that community based care for the elderly will continue to lose ground in the 1991 and 1992 budget battles, and that the frail and homebound elderly in Milwaukee will continue to go unnoticed and uncounted as victims of the Drug Crisis.

We at the local level cannot fight the War on Drugs alone. The current fiscal partnership between the federal, state, and local government is untenable. We, who are advocates for the elderly, must realize that the War on Drugs is at least partially being fought on the backs of the elderly, whose only crime is that they lived too long.

Mr. Chairman, with me today is a gentlemen who can offer you a unique perspective on these issues. I would like to introduce Larry Kenny, who is a member of the Milwaukee County Commission on Aging, and who, as an elected official, serves on the Finance Committee of the Milwaukee County Board of Supervisors. Supervisor Kenny can elaborate on the impact of the Drug Crisis on local services and budgets, and I will be more than happy to try to answer any other questions you may have.

Again, thank-you for the opportunity to speak to you today.

The CHAIRMAN. Thank you very much, Ms. Mayrl.

Mr. Smith and I represent a State that is going through some similar readjustments in our fiscal policy, and is having to make some cuts. We have just had a special session of the legislature, for example, where our Governor called the legislature into session to deal with some of these very critical issues that we are being called on to deal with in every community in every State.

We don't know how to count the untold billions of dollars that we spend to accommodate and compensate for the ripple effect, as Mr. Smith said, for the problems that have visited this country and this world because of the drug crisis.

Let me ask a question of Mr. Kenny if I might. If we could say that under the new drug programs, will the local government's share of the total cost be increased?

Mr. KENNY. In many of the programs, yes. The ones that I am well aware of is transportation. We are going to more of a local match. The burden on the local taxpayers is going to be great for transportation.

Senator, the major problem, and I don't know if it is any different that what you face at the Federal level, is limited resources, the inability of the taxpayers to provide more. So we reallocate and, just as you are doing to try to fight the drug wars, local government had to do that in Milwaukee County.

As Ms. Mayrl said, the losers were the elderly. No matter what the match is, the money is not there to serve those elderly next year.

The CHAIRMAN. Mr. Smith, we are having the same problems in Arkansas, are we not? What are we going to do about that in our State?

Mr. SMITH. We will call another special session, I guess.

Mr. KENNY. Senator, if I might?

The CHAIRMAN. Certainly.

Mr. KENNY. The State of Wisconsin has also just finished up a session, trying to fight the drug wars at the local level. The one point I would like to make is that when resources are allocated, many times it is in law enforcement and new courts.

What happens at the local level, at the county level, is that whenever law enforcement takes a drug dealer off the street, or takes a drug abusing, child abusing mother and locks her up, they go into a county facility that starts the meter running on social service programing at the local level.

In Milwaukee County, it's the property tax—that's where we have had to divert money for child protection. Child abuse has tripled in Milwaukee County in the last 5 years. So we are adding case workers to investigate and take care of that. The frail elderly—who are taxpayers, and that's what makes them a hidden victim here—have not only lost services, but they are paying more property taxes.

The CHAIRMAN. Let's do this if we might. It's a little unique, and it's not quite on the schedule. Our final witness for the afternoon is Mr. Bud Albright, the Deputy General Counsel of the Department of Housing and Urban Development.

Perhaps Mr. Albright would just come forward and sit here with Mr. Smith and Robin and the Supervisor, I think it would be a good interchange here.

In just a moment, I will ask you to make your comments. In fact, if you would, Mr. Albright—you have been very patient this afternoon, sitting here.

I think it is always good for those in the Federal city, in Washington, to find out what is going on out there in the trenches, and in the real world, and this afternoon, we have had a pretty good dose of it.

I wonder if you have any comments on what the Federal Government is doing and how we are looking at these particular problems and concerns that have been expressed here today?

STATEMENT OF BUD ALBRIGHT, DEPUTY GENERAL COUNSEL, DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

Mr. ALBRIGHT. Thank you, Mr. Chairman.

We are trying to do everything that we can do to bring this problem to a halt. As you heard most of the afternoon, our public housing projects continue to be the subject of debate, and in some cases criticism. In response to the crisis, President Bush and Secretary Kemp have made the elimination of drugs from public assisted housing one of the six priorities of HUD, and Secretary Kemp has personally pledged the full resources of the Department to this effort.

The Secretary recognizes, however, that we at HUD cannot fight the war on drugs alone. Secretary Kemp has said "We all realize that Federal resources alone are not going to eradicate drugs from housing or society as a whole. We know that local government, nonprofit groups, and concerned individuals throughout the country are involved in the war on drugs, and we encourage all sectors to continue to coordinate their efforts."

The problem of drugs in public housing affects the lives of all residents, but the crisis can be especially traumatic for the elderly. Currently, there are a total of 5.5 million renters in America who are over the age of 62. Of this total, more than one-fourth, or 1.4 million, are elderly residents of public and assisted housing, including Section 202 housing, which is set aside specifically for the elderly and the handicapped. There are more than 200,000 units nationwide supported by nearly $8 billion of Section 202 direct loans.

Generally, elderly residents of assisted housing—only 100,000 of whom have an income greater than 50 percent of the median area income—are concentrated in the urban areas of the northeast and midwest, often in some of the worst drug-infested areas of our cities.

Secretary Kemp strongly believes that elderly residents across the country should not be held captive in their apartments, afraid to leave home because of the drug dealers and the drug addicts lurking outside. Unfortunately, however, the elderly who frequently live alone provide easy prey for criminals. In the drug-infested atmosphere of some developments, senior citizens live in daily fear of attack from drug thugs and drug-crazed adults.

We should not be misled by statistics which show that crime most often affects the young. In fact, the elderly tend to have a greater fear of crime, and may voluntarily limit the fullness of their lives in ways that reduce their chances of being victimized.

In other words, the drug problem is severely restricting the way of life to which many older citizens have grown accustomed. Moreover, in many areas where drug use is on the rise, the number of crimes committed against the elderly is also increasing.

In Chicago, where Secretary Kemp has personally visited HUD-assisted housing, drug gangs often take over an entire floor of a building, and sometimes the entire building, terrorizing the residents and charging the elderly a fee to ride in the elevators, enter the lobby, receive their mail, and even extort payments to allow the elderly to carry their groceries to their homes. This type of extortion, which holds the elderly as virtual hostages, must come to an end.

In south Baltimore, a group of elderly friends have chosen to remain in their neighborhood because it has been their home for over 15 years. Yet, within the same neighborhood, residents endure weekly assaults and robberies, and three elderly neighbors have been brutually murdered within the last year as drug addicts and dealers have moved into the area. Their courtyards, once a place for social gatherings, now serve as a virtual drug haven.

This must not be allowed to continue. As Secretary Kemp has said, drug dealers should be housed in jail, and not in public housing. But the Secretary employs deeds, not simply words, to ensure safe and decent housing of the law-abiding residents of public housing.

One of Jack Kemp's first acts as Secretary was to designate Frank Keating, HUD's General Counsel, as the leader of HUD's crusade to purge drugs from all HUD-assisted housing. The Secretary then announced a 10-point plan to fight drugs in public and assisted housing, incorporating enforcement, prevention, and management improvement strategies.

In the area of enforcement, HUD first wants to streamline eviction procedures. We are pleased that the HUD appropriations bill, which was signed last week by President Bush, included a repeal of Section 404, which now allows HUD to continue its efforts to expedite eviction procedures. But in Jack Kemp's words, "We'll be tough on drugs and tough for due process."

As well, new regulations are currently in the public comment stage. When issued, these regulations will revoke Section 8 voucher and certificate privileges from those who are involved in drugs and other serious, felonious criminal activity.

HUD's anti-drug initiative is designed to address the drug problem comprehensively, by attacking not only the symptoms of drug-related crime, but also the underlying causes of drug abuse.

As one example, much of the drug-related activity affecting our elderly citizens is perpetrated by young people. For them, opportunities must be made available to replace the void now filled by drugs. In keeping with this, HUD recently published a notice in the Federal Register announcing the availability of funds for a youth sports initiative in public housing, and a grant program for child care.

We have created an Office for Drug-Free Neighborhoods, and have as its Director, Julie Fagan, who will act as liaison to residents and housing officials. We hope that this will help in the development of effective anti-drug programs.

[The prepared statement of Mr. Albright follows:]

STATEMENT OF C.H. ALBRIGHT, JR.

DEPUTY GENERAL COUNSEL

DEPARTMENT OF HOUSING & URBAN DEVELOPMENT

BEFORE THE

SENATE SPECIAL COMMITTEE ON AGING

NOVEMBER 15, 1989

MR. CHAIRMAN, AND MEMBERS OF THE COMMITTEE, I AM PLEASED TO BE HERE THIS AFTERNOON TO REPRESENT THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT ON THE IMPACT OF THE DRUG CRISIS ON THE ELDERLY, AND TO DISCUSS HUD'S ANTI-DRUG INITIATIVES FOR PUBLIC AND ASSISTED HOUSING.

IN RESPONSE TO THIS NATION'S DRUG CRISIS, PRESIDENT BUSH AND SECRETARY KEMP HAVE MADE THE ELIMINATION OF DRUGS FROM PUBLIC AND ASSISTED HOUSING ONE OF THE SIX PRIORITIES OF HUD, AND SECRETARY KEMP HAS PERSONALLY PLEDGED THE FULL RESOURCES OF THE DEPARTMENT TO THIS EFFORT.

THE SECRETARY RECOGNIZES, HOWEVER, THAT WE AT HUD CANNOT FIGHT THE WAR ON DRUGS ALONE. AS SECRETARY KEMP HAS SAID, "WE ALL REALIZE THAT FEDERAL RESOURCES ALONE ARE NOT GOING TO ERADICATE DRUGS FROM HOUSING OR SOCIETY AS A WHOLE. WE KNOW THAT LOCAL GOVERNMENT, NON-PROFIT GROUPS, AND CONCERNED INDIVIDUALS THROUGHOUT THE COUNTRY ARE INVOLVED IN THE WAR ON DRUGS, AND WE ENCOURAGE ALL SECTORS TO CONTINUE TO COORDINATE THEIR EFFORTS."

THE PROBLEM OF DRUGS IN PUBLIC HOUSING AFFECTS THE LIVES OF ALL RESIDENTS, BUT THE CRISIS CAN BE ESPECIALLY TRAUMATIC FOR THE ELDERLY. CURRENTLY, THERE ARE A TOTAL OF 5.5 MILLION RENTERS IN AMERICA WHO ARE OVER THE AGE OF 62. OF THIS TOTAL, MORE THAN ONE-FOURTH, OR 1.4 MILLION, ARE ELDERLY RESIDENTS OF PUBLIC AND ASSISTED HOUSING, INCLUDING SECTION 202 HOUSING, WHICH IS SET ASIDE SPECIFICALLY FOR THE ELDERLY AND THE HANDICAPPED. THERE ARE MORE THAN 200,000 UNITS NATIONWIDE SUPPORTED BY NEARLY $8 BILLION OF SECTION 202 DIRECT LOANS.

GENERALLY, ELDERLY RESIDENTS OF ASSISTED HOUSING -- ONLY 100,000 OF WHOM HAVE AN INCOME GREATER THAN 50% OF THE MEDIAN AREA INCOME -- ARE CONCENTRATED IN THE URBAN AREAS OF THE NORTHEAST AND MIDWEST, OFTEN IN SOME OF THE WORST DRUG-INFESTED AREAS OF OUR CITIES.

SECRETARY KEMP STRONGLY BELIEVES THAT ELDERLY RESIDENTS ACROSS THE COUNTRY SHOULD NOT BE HELD CAPTIVE IN THEIR APARTMENTS, AFRAID TO LEAVE HOME BECAUSE OF THE DRUG DEALERS AND THE DRUG ADDICTS LURKING OUTSIDE. UNFORTUNATELY, HOWEVER, THE ELDERLY, WHO FREQUENTLY LIVE ALONE, PROVIDE EASY PREY FOR CRIMINALS. IN THE DRUG-INFESTED ATMOSPHERE OF SOME DEVELOPMENTS, SENIOR CITIZENS LIVE IN DAILY FEAR OF ATTACK FROM DRUG THUGS AND DRUG-CRAZED ADDICTS.

WE SHOULD NOT BE MISLEAD BY STATISTICS WHICH SHOW THAT CRIME MOST OFTEN AFFECTS THE YOUNG. IN FACT, THE ELDERLY TEND TO HAVE A GREATER FEAR OF CRIME, AND MAY VOLUNTARILY LIMIT THE FULLNESS OF THEIR LIVES IN WAYS THAT REDUCE THEIR CHANCES OF BEING VICTIMIZED. IN OTHER WORDS, THE DRUG PROBLEM IS SEVERELY RESTRICTING THE WAY OF LIFE TO WHICH MANY OLDER CITIZENS HAVE GROWN ACCUSTOMED. MOREOVER, IN MANY AREAS WHERE DRUG USE IS ON THE RISE, THE NUMBER OF CRIMES COMMITTED AGAINST THE ELDERLY IS ALSO INCREASING.

IN CHICAGO, WHERE SECRETARY KEMP HAS PERSONALLY VISITED HUD ASSISTED HOUSING, DRUG GANGS OFTEN TAKE OVER AN ENTIRE FLOOR OF A BUILDING, TERRORIZING THE RESIDENTS AND CHARGING THE ELDERLY A FEE TO RIDE IN THE ELEVATORS, ENTER THE LOBBY, RECEIVE THEIR MAIL, AND EVEN EXTORT PAYMENTS TO ALLOW THE ELDERLY TO CARRY GROCERIES TO THEIR OWN HOMES. THIS TYPE OF EXTORTION, WHICH HOLDS THE ELDERLY AS VIRTUAL HOSTAGES, MUST END.

IN SOUTH BALTIMORE, A GROUP OF ELDERLY FRIENDS HAVE CHOSEN TO REMAIN IN THEIR NEIGHBORHOOD BECAUSE IT HAS BEEN THEIR HOME FOR OVER 15 YEARS. YET, WITHIN THAT SAME NEIGHBORHOOD, RESIDENTS ENDURE WEEKLY ASSAULTS AND ROBBERIES, AND THREE ELDERLY NEIGHBORS HAVE BEEN BRUTALLY MURDERED WITHIN THE LAST YEAR AS DRUG ADDICTS AND DEALERS HAVE MOVED INTO THE AREA. THEIR COURTYARDS, ONCE A PLACE FOR SOCIAL GATHERINGS, NOW SERVE AS A VIRTUAL DRUG HAVEN.

ANOTHER PROBLEM CONFRONTING THE ELDERLY STEMS FROM CONGRESS' MANDATE, IN SECTION 504 OF THE REHABILITATION ACT OF 1973, THAT DRUG ADDICTS AND ALCOHOLICS QUALIFY AS HANDICAPPED INDIVIDUALS, THUS MAKING THEM ELIGIBLE FOR RESIDENCY IN HOUSING PROGRAMS WHICH RECEIVE FEDERAL FINANCIAL ASSISTANCE. WHILE THE LAW ALLOWS RESIDENCY FOR DRUG ADDICTS, NOT CURRENT DRUG USERS, SECTION 504 HAS GENERATED CONSIDERABLE CONFUSION AND CONSTERNATION ON THE PART OF PUBLIC HOUSING AUTHORITIES (PHAs).

FOR THE RECORD, I WOULD LIKE TO CLARIFY THIS SITUATION. SECTION 504 PERMITS HOUSING PROVIDERS TO REQUIRE INDIVIDUALS, REGARDLESS OF WHETHER OR NOT THEY MEET THE HANDICAP DEFINITION, TO MEET THE SAME ELIGIBILITY REQUIREMENTS, TO PASS THE SAME SCREENING PROCEDURES, AND TO ABIDE BY THE SAME TERMS AND CONDITIONS OF OCCUPANCY AS OTHER APPLICANTS AND RESIDENTS. WHILE HUD ENCOURAGES PHAs TO UPHOLD THE PROVISIONS OF SECTION 504, ALL RESIDENTS OF ASSISTED HOUSING MUST COMPLY FULLY WITH THE PROHIBITION AGAINST ILLEGAL DRUG USE OR TRAFFICKING, AS MANDATED BY CONGRESS IN THE ANTI-DRUG ABUSE ACT OF 1988.

REGARDING THE TERMINATION OF LEASES, WE CAUTION PHAs TO APPLY CONSISTENT POLICIES AND TO AVOID EVEN THE APPEARANCE THAT THE POLICIES ARE BEING USED TO EVICT OTHERWISE QUALIFIED INDIVIDUALS WHO ARE PROTECTED BY SECTION 504 OR THE FAIR HOUSING ACT. IN SHORT, WE STRONGLY ENCOURAGE PHAs TO EXERCISE THE DISCRETION GRANTED TO THEM, AND TO ENSURE THAT THEY ACCEPT AND RETAIN RESIDENTS WHO WILL NOT DETRACT FROM THE RIGHTS OF OTHER RESIDENTS TO LIVE IN A SAFE COMMUNITY. AS SECRETARY KEMP SAYS, "DRUG DEALERS SHOULD BE HOUSED IN JAIL, NOT PUBLIC HOUSING."

BUT THE SECRETARY HAS EMPLOYED DEEDS, NOT SIMPLY WORDS, TO ENSURE SAFE AND DECENT HOUSING FOR THE LAW-ABIDING RESIDENTS OF PUBLIC HOUSING. ONE OF HIS FIRST ACTS AS SECRETARY WAS TO DESIGNATE FRANK KEATING, HUD'S GENERAL COUNSEL, AS THE LEADER OF DEPARTMENT'S CRUSADE TO PURGE DRUGS FROM ALL HUD ASSISTED HOUSING. THE SECRETARY THEN ANNOUNCED A "10 POINT PLAN" TO FIGHT DRUGS IN PUBLIC AND ASSISTED HOUSING -- INCORPORATING ENFORCEMENT, PREVENTION, AND MANAGEMENT IMPROVEMENT STRATEGIES.

IN THE AREA OF ENFORCEMENT, HUD FIRST WANTS TO STREAMLINE EVICTION PROCEDURES. WE ARE PLEASED THAT THE HUD APPROPRIATIONS BILL, SIGNED LAST WEEK BY PRESIDENT BUSH, INCLUDED A REPEAL OF SECTION 404, WHICH NOW ALLOWS HUD TO CONTINUE ITS EFFORTS TO EXPEDITE EVICTION PROCEDURES. BUT IN JACK KEMP'S WORDS, "WE'LL BE TOUGH ON DRUGS AND TOUGH FOR DUE PROCESS."

AS WELL, NEW REGULATIONS ARE CURRENTLY IN THE PUBLIC COMMENT STAGE. WHEN ISSUED, THESE REGULATIONS WILL REVOKE SECTION 8 VOUCHER AND CERTIFICATE PRIVILEGES FROM THOSE WHO ARE INVOLVED IN DRUG AND OTHER SERIOUS, FELONIOUS CRIMINAL ACTIVITY.

HUD'S ANTI-DRUG INITIATIVE IS DESIGNED TO ADDRESS THE DRUG PROBLEM COMPREHENSIVELY, BY ATTACKING NOT ONLY THE SYMPTOMS OF DRUG-RELATED CRIME, BUT ALSO THE UNDERLYING CAUSES OF DRUG ABUSE. AS ONE EXAMPLE, MUCH OF THE DRUG-RELATED ACTIVITY AFFECTING OUR ELDERLY CITIZENS IS PERPETRATED BY YOUNG PEOPLE. FOR THEM, OPPORTUNITIES MUST BE MADE AVAILABLE TO REPLACE THE VOID NOW FILLED BY DRUGS. IN KEEPING WITH THIS, HUD RECENTLY PUBLISHED A NOTICE IN THE FEDERAL REGISTER ANNOUNCING THE AVAILABILITY OF FUNDS FOR A YOUTH SPORTS INITIATIVE IN PUBLIC HOUSING, AND A GRANT PROGRAM FOR CHILD CARE.

THE NEWLY-CREATED HUD OFFICE FOR DRUG-FREE NEIGHBORHOODS AND ITS DIRECTOR, JULIE FAGAN, ACT AS LIAISON TO RESIDENTS AND HOUSING OFFICIALS TO HELP IN THE DEVELOPMENT OF EFFECTIVE ANTI-DRUG PROGRAMS. IN ADDITION, THE OFFICE OF RESIDENT INITIATIVES ASSISTS PHAs AND TENANTS IN RESIDENT MANAGEMENT, HOMEOWNERSHIP, AND ECONOMIC DEVELOPMENT. IN THE FIELD, WE HAVE ESTABLISHED THE POSITION OF RESIDENT INITIATIVE COORDINATOR TO ASSIST PHAs LOCALLY.

IN ORDER TO HELP HOUSING RESIDENTS AND OFFICIALS IN PROGRAM DEVELOPMENT, SECRETARY KEMP ESTABLISHED A DRUG INFORMATION AND STRATEGY CLEARINGHOUSE WITH A TOLL-FREE NUMBER FOR HOW-TO INFORMATION ON MODEL PHA AND COMMUNITY-BASED PROGRAMS. THE CLEARINGHOUSE HAS VARIOUS ONGOING PROJECTS, INCLUDING A QUARTERLY NEWSLETTER CALLED "HOME FRONT" WITH THE LATEST INFORMATION ON FIGHTING DRUGS IN PUBLIC HOUSING. WE ARE ALSO COMPILING A DRUG RESOURCE BOOK, TO BE PUBLISHED EARLY NEXT YEAR, WHICH WILL PROVIDE EFFECTIVE ANTI-DRUG STRATEGIES.

SECRETARY KEMP BELIEVES THAT THESE ENFORCEMENT, PREVENTION, AND MANAGEMENT ACTIONS WILL PROVIDE AN IMPORTANT ARSENAL IN OUR BATTLE AGAINST DRUGS.

ALTHOUGH THERE IS MUCH BAD NEWS, THE DRUG SITUATION IS NOT BLEAK FOR ALL OF OUR NATION'S ELDERLY RESIDING IN PUBLIC AND ASSISTED HOUSING. PHAs NATIONWIDE HAVE BEGUN TO INCLUDE PROGRAMS FOR THE ELDERLY AS PART OF COMPREHENSIVE ANTI-DRUG PROGRAMS. THE MANCHESTER HOUSING AUTHORITY, OR MHA AS IT IS COMMONLY KNOWN IN

NEW HAMPSHIRE, IS AN EXCELLENT EXAMPLE. THROUGH A COORDINATED, EXPANSIVE ANTI-DRUG PROGRAM, THE MHA HAS BEEN SUCCESSFUL IN PROVIDING ITS ELDERLY A PLEASANT AND SAFE ENVIRONMENT WHERE THEY CAN LIVE IN PEACE AND DIGNITY.

DORIS ENGHEBEN, AN OLDER MHA RESIDENT LEADER RECENTLY WROTE TO SECRETARY KEMP TO TELL HIM THAT THE PHA OFFICIALS, RESIDENTS AND LOCAL POLICE WORKED SO WELL TOGETHER THAT THEY HAD THE DRUG AND CRIME PROBLEM UNDER CONTROL. MRS. ENGHEBEN WROTE, "I SEE HOUSING PROBLEMS IN CHICAGO AND MASSACHUSETTS ON T.V. AND I THANK GOD I AM IN MANCHESTER HOUSING."

AS WE HAVE HEARD HERE TODAY, MANY OF THE ELDERLY ARE COURAGEOUSLY AND ACTIVELY GETTING INVOLVED IN THE FIGHT AGAINST DRUGS. IN CHICAGO, A COALITION OF SENIOR CITIZENS HAS DECIDED NOT TO ALLOW THE INCREDIBLE INFLUX OF GANG AND DRUG ACTIVITY INTO THEIR BUILDINGS TO SCARE THEM. THEY ARE WORKING WITH THE DYNAMIC CHICAGO HOUSING AUTHORITY EXECUTIVE DIRECTOR, VINCE LANE, TO REPORT DRUG ACTIVITY TO THE HOUSING AUTHORITY AND TO THE POLICE -- DRAWING MEDIA ATTENTION TO THE PROBLEM AND WORKING TO IMPROVE SECURITY IN THEIR BUILDINGS.

IN FACT, MANY OF THE ELDERLY RESIDENTS ACROSS THE COUNTRY ARE LEADING ANTI-DRUG EFFORTS. THE HOUSING AUTHORITY IN GLEN COVE, NEW YORK, RECEIVED A HUD SPECIAL ACHIEVEMENT CERTIFICATE FOR ITS ANTI-DRUG PROGRAM, WHICH INCLUDED A RESIDENT PATROL CALLED THE "GRANNIE PATROL." SIX NIGHTS A WEEK, THE "GRANNIE PATROL," LED BY RESIDENT SANDRA HILTON, TOURS THE HOUSING DEVELOPMENT, ARMED WITH WALKIE-TALKIES AND THEIR ABILITY TO EMBARRASS THE YOUNG MEN AND WOMEN OF THE DEVELOPMENT WHOM THEY HAVE KNOWN ALL OF THEIR LIVES.

MRS. HILTON HAS ALSO BUILT A NETWORK OF FRIENDS WHO WATCH FROM THEIR WINDOWS, LOGGING AND REPORTING DRUG ACTIVITY. IN THE FIRST SIX MONTHS, THIS EFFORT HAS RESULTED IN SIX SUCCESSFUL EVICTIONS. A SIMILAR PROGRAM IN BOSTON CALLED "WINDOW WATCH", SET UP BY RESIDENT MANAGEMENT PIONEER MILT COLE, HAS ALSO HAD SUCCESSFUL RESULTS.

MANY OTHER PHAs AND RESIDENT GROUPS ARE UTILIZING THE RICH RESOURCE OF OUR SENIOR CITIZENS FOR DRUG ABUSE PREVENTION BY ESTABLISHING PROGRAMS IN WHICH ELDERLY RESIDENTS TUTOR OR LEAD YOUTH IN CULTURAL OR RECREATIONAL ACTIVITIES. WHILE OUR NATION'S ELDERLY ARE VICTIMS FOR THE DRUG PROBLEM, THEY ARE ALSO AN IMPORTANT PART OF THE SOLUTION. THEIR DEDICATION TO THEIR COMMUNITIES AND HARD-WORK CAN BE AN INSPIRATION TO US ALL, AS WELL AS A RICH RESOURCE WHICH WE SHOULD TAP.

I WOULD LIKE TO COMMEND THE MEMBERS OF THIS COMMITTEE FOR HOLDING A HEARING ON THIS CRITICAL ISSUE, AND FOR SEEKING THE DEVELOPMENT OF WORKABLE SOLUTIONS. SECRETARY KEMP IS COMMITTED TO WORKING WITH YOU, AND ALL CONCERNED AMERICANS, TO END THE SCOURGE OF DRUGS. OUR SUCCESS CAN ONLY BE REALIZED THROUGH THE INVOLVEMENT OF ALL SECTORS OF SOCIETY, INCLUDING THE HOUSING RESIDENTS THEMSELVES, IN THE DEVELOPMENT AND IMPLEMENTATION OF ANTI-DRUG STRATEGIES. THE ELDERLY, IN PARTICULAR, CAN PROVIDE A LIFE-TIME OF WISDOM AND EXPERIENCE WHICH CAN PLAY A VITAL ROLE IN WINNING THE WAR ON DRUGS. THANK YOU, MR. CHAIRMAN.

The CHAIRMAN. Mr. Albright, I appreciate your comments. I am going to have to leave, I am told, in just about 6 minutes. I have just a general observation. Once again, we appreciate you very kindly for patiently sitting here today. I know it has been good for me, I hope it has been good for you, I hope it has been good for housing and urban development.

Mr. ALBRIGHT. It has been most helpful.

The CHAIRMAN. I think that Secretary Kemp ought to consider, if he is going to have an advisory committee, having some of these people who actually live in the public housing projects, serve on those national advisory committees. I think that is critical. Do you have any comment on that?

Mr. ALBRIGHT. Mr. Chairman, that is not only critical in our opinion, but it is absolutely essential. It is the keystone to most of our programs and approaches. We have looked at the failures of not just HUD, but of Government generally in the past in trying to help the poor and the underprivileged.

One of the things we found was that what has been missing in the past is that we did not involve these people. And, as you have said, when we go out, just as you have gone out and seen these people and talked to them, and as we have heard today, these are people who know what their problems are. They know what the solutions are and they can help us effect real change in the ghettos and barrios of America if we will just listen to them, and include them in the solution.

The CHAIRMAN. Today they have talked about vacancies in many of the housing facilities, and vacant units within those facilities. I think it would be really advisable if some Washingtonians went out and just took a cot and maybe took up residence for a night or two in some of those vacant apartments and rooms, and let us see firsthand what really goes on.

Mr. ALBRIGHT. One of the things they do in Alexandria, Mr. Chairman, they have been doing this now for several months, on a given night—I don't know what night it is—but once a week or once a month, people are encouraged to come out, from all over Alexandria, or Washington, or wherever, to come out and spend the night either on the streets or near the projects to help run the drug pushers off, and to see what it is really like. So that is being done, and I think it has been effective.

The CHAIRMAN. Our three witnesses here have a rare opportunity to talk to, for a moment here, the Deputy General Counsel of Housing and Urban Development. I wonder if you might have any questions or comments to Mr. Albright? Maybe Mr. Albright would have some questions or comments relating to some of your testimony.

Robin, do you have any comments?

Ms. MAYRL. I do have a comment, possibly a question, too. Problems are increasing at the city of Milwaukee's public housing. We have heard many of the same problems mentioned today. People talk about open trafficking of drugs, an individual died in an elevator with a needle stuck in his arm, people are very concerned about guarding their insulin needles because they are afraid they will be accosted by users who are looking for clean needles.

The residents say all this started about 3 years ago, when there was a change in guidelines that allowed younger SSI-eligible individuals into housing which previously had only been open to the elderly and physically handicapped.

Many of the elderly residents in these projects in Milwaukee say "We want our buildings to be all elderly and physically disabled again. At the age of 80 and 85, we don't want to have to deal with people who are disabled as a result of alcohol or drug abuse, chemical dependency or chronic mental health problems." This is what we hear most often, and they are having a very hard time dealing with residents who abuse drugs and alcohol.

Mr. ALBRIGHT. We also have a problem with that, Section 505 has been expanded by law to define the handicapped to include those who are drug addicts as well as alcoholics. We are trying to deal with that the best way we can.

One of the ways we are dealing with it is that we have stressed to our PHA's, the Public Housing Authorities, that because someone is a drug addict or an alcoholic, that does not allow them to continue to use drugs. They have to meet the same criteria as anyone else who comes into public housing, and that is to not continue to use drugs. Although they may have an addiction from the past, they may seek help because of being handicapped by this, and because they meet the definition of being handicapped.

But drug use should not be condoned. I realize that in some instances, this is not enforced as well as it should be, but under Jack Kemp's leadership, we are trying to turn that around.

Ms. MAYRL. This results in a revolving-door syndrome, too, because especially the people with alcohol and chronic drug dependencies can go through a treatment program, be determined SSI-eligible, and move into a housing complex that was originally built for the elderly in a relatively short period of time. As more of those folks move in, more older people move out.

Fewer and fewer older people will come in, the elderly vacancy rate will go up, and the stabilizing influence that older people have in the projects is lost. So at some point, there needs to be a circuit breaker.

Mr. ALBRIGHT. I understand what you are saying. Part of the problem, of course, is that we have to abide by the law as it is written, and currently drug addicts and alcoholics are defined as handicapped. We do have to provide services for them.

Ms. MAYRL. Could it possibly be in a different building?

Mr. ALBRIGHT. As it is currently defined, the programs are lumped together. It could be in a different building.

Ms. MAYRL. That would be a big step forward.

Mr. ALBRIGHT. I think you are right.

The CHAIRMAN. Bob, do you have any questions of Mr. Albright?

Mr. SMITH. Senator, I have just one comment. We are involved with the reverse equity mortgage counseling program at HUD. Senator Warner and I have gone through some of the training things to counsel the elderly to determine "should I or shouldn't I?" In looking at the literature that has been distributed—of course it is a guaranteed thing, now, but before I understand it didn't work too well because it was not guaranteed, the problem that we have is that most of our people, if they have an equity of $50,000 or

$60,000 in their home, and we run it through the computer, they are receiving about one-third of the equity out of that thing, the rest of it is going for interest and what have you.

We are a little bit reluctant to tell people about it or encourage them on this reverse equity mortgage thing. We probably are not well advised on what we are doing yet on this subject.

Do you have any comment on that? Is it working? Is it beginning to work nationwide?

Mr. ALBRIGHT. I have to confess that that is not an area with which I am intimately familiar. I will be glad to look into it and put you in touch with one of our experts in the area and get you some answers. I would ask you also, that if you have suggestions as to how to make that or any program work better, please let us know. But I will get some information to you.

Thank you, Mr. Chairman.

The CHAIRMAN. Mr. Kenny, do you have any questions for Mr. Albright? Truly, in about 2 minutes I have to close down here.

Mr. KENNY. I have more of a comment. We have been very fortunate to have good public housing in Milwaukee. It is clean, efficient and seems to be working. I am glad to see that you are getting into a number of programs for the young people.

I sit on our neighborhood board on public housing in Milwaukee, and those kinds of problems help to divert those kids.

The comment I would make is, and I am sure you have heard this a hundred times before, is that we have good housing, but not enough of it. I think we are going to need some help in providing affordable housing to the elderly in the future.

The CHAIRMAN. The housing we have can't be taken over by drug addicts, or crack operations who victimize the elderly. That's one of the things this hearing is about. I agree with you.

Mr. Albright, any final comments?

Mr. ALBRIGHT. Just to assure you, Mr. Chairman, that we will do everything within our power at HUD to eradicate drugs from public housing, especially as it affects the elderly.

The CHAIRMAN. We will be monitoring this very closely. This hearing has been one that has been educational, enlightening, it has been somewhat sad in some respects, because we have seen what has happened to the elderly victims of the drug crisis, and I have a short six-paragraph statement I will just insert into the record.

Let me say to this panel of witnesses, to all the witnesses today, how very grateful this Committee is for your attendance. Tomorrow the Committee will convene at 9:30 a.m. on another drug problem, and that is the rising cost of prescription drugs in our economy and why those rises are happening, and who is to blame and what we are going to do about it. So this seems to be drug week for the Special Committee on Aging, and there is no lack of challenges for this Committee. This is one of our highest priorities, and it will be in the coming months ahead.

We are very grateful for the insight that all of you helped to provide the Committee today.

The meeting will be adjourned. Thank you.

[Senator Pryor's closing statement follows:]

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SENATOR DAVID PRYOR

CLOSING STATEMENT

This has been a difficult and eye-opening hearing. If it wasn't evident before, it is now clear that this national crisis threatens to permeate our entire society, leaving no community or segment of our society untouched. It is obvious that it has even reached our elderly.

We are shocked by this outrageous extension of the national hidden problem of elder abuse. It is easy to focus on the most tragic and painful aspects of this crisis -- the incidents of outright physical abuse and financial exploitation of the elderly by those involved in illicit drug activities.

But the impact of drug activity on the elderly goes beyond these forms of abuse. Drug infested neighborhoods and housing projects threaten the ability of dedicated community agencies to provide essential services -- such as home-delivered meals and home health care -- to the poor and frail elderly who must live in these settings. Already scarce resources are further drained by the costs of either fighting the drug war or in coping with its effects, such as being forced to replace volunteers with paid escorts and providers.

This tragic aspect of the drug trade is now coming to light -- our witnesses are pioneers in this effort. Their creativity, dedication, and, yes, their courage, give us hope. But as they have made clear, they cannot do it alone. The problem is just too great.

There is talk around this town that a long-term sequester would not be painful. Well, I hope it's evident that that notion is simply wrong; the very services the elderly need -- such as housing, protective services, and Older Americans Act services -- are not protected from Gramm-Rudman cuts; they would bear the full brunt of budget cuts due to a sequester.

I thank our witnesses for coming here today. Their courageous and innovative efforts to combat this pervasive problem give us all hope that drug abuse -- and its many effects -- is a problem with a solution.

[Whereupon, at 4:49 p.m., the hearing was adjourned, to reconvene on Thursday, November 16, 1989, at 9:30 a.m.]

30-684 (120)